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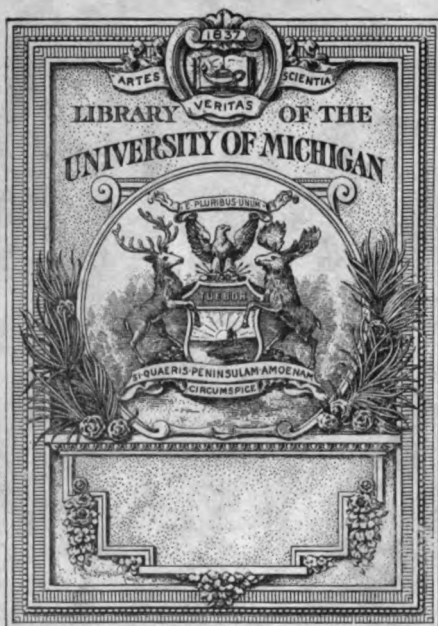




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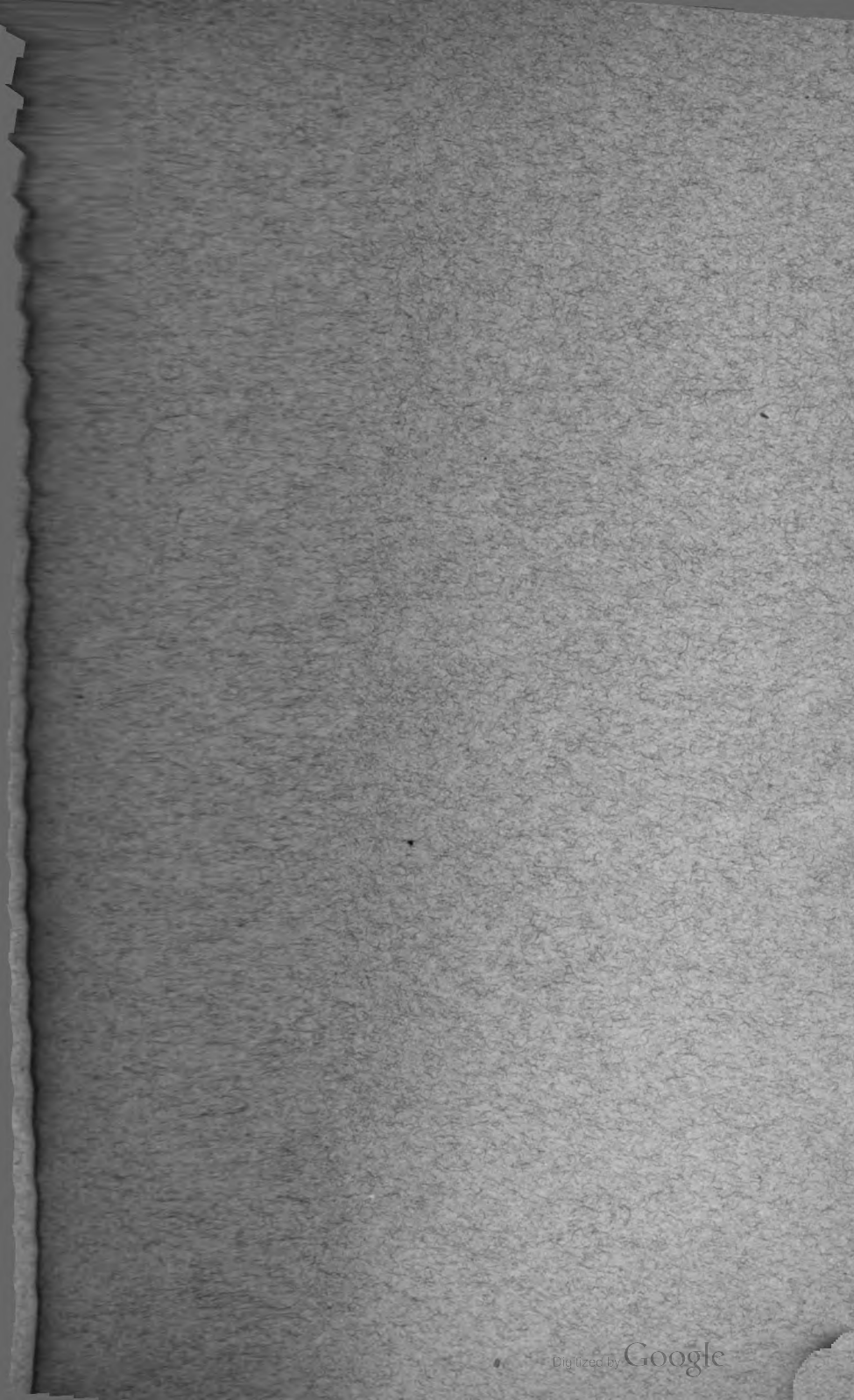


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**THE
MONTHLY HOMŒOPATHIC REVIEW.**

THE
MONTHLY HOMŒOPATHIC REVIEW.

11254-2

EDITED BY
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THE MONTHLY HOMŒOPATHIC REVIEW.

In presenting the following paper by Dr. Dudgeon, the Nestor of our body, as an appropriate prologue to a new century of work, we gladly waive the privilege of addressing our readers from the editorial chair.

Dr. Dudgeon's pre-eminence, due not only to his seniority, but also to his intellectual gifts, his notable services in our cause, and, above all, to that general affection which his nature has called forth, makes him the fitting pen to celebrate the end of the first complete century in the history of homœopathy. We cannot, however, miss the opportunity of wishing for him, for our contributors, for our readers, and (in a special sense) for therapeutic Truth, that the new century may prove one of much prosperity and increase.

A CENTURY OF HOMŒOPATHY.

By R. E. DUDGEON, M.D.

It was in 1790 that Hahnemann made his first experiment with cinchona bark, which led him to think that probably other medicines, if not all, cured diseases by the power they possessed of producing on the healthy morbid states similar to those observed in the diseases they could cure. After careful research in the medical records of all times for six years he wrote an essay in *Hufeland's Journal* in 1796 in which he asserted that many diseases, especially chronic ones, were cured by medicines which caused similar morbid states on the healthy. He then set himself the tremendous task of proving on himself and some members of his own family a considerable number of drugs. The result of these trials and the effects of the same medicines recorded in medical writings he collected and arranged in a volume written in Latin which was published in 1805. It was not till this volume appeared that the practice of

homœopathy became possible, and then only on a very limited scale, for the medicines tested were few in number and their observed effects were scanty. He was conscious of the imperfect character of his work, to which he modestly gave the name of *Fragmenta*. After this he continued to test other medicines and to re-test those he had already partially proved, in which labour he was assisted by a few friends who were attracted by the novel doctrine. In 1809 there appeared in *Hufeland's Journal* a tolerably complete account of his system in an essay entitled "The Medicine of Experience." In 1810 he published the first edition of the *Organon*, in which his views were given in greater detail, and supported by much powerful reasoning. The following year the first volume of his *Materia Medica Pura* appeared, containing the records of provings by himself and friends of a considerable number of medicines. The second and third volumes of this colossal work did not see the light till 1816. The fourth volume was published in 1818, the fifth in 1819, and the sixth and last in 1821.

Although Hahnemann and his disciples had been practising his method for several years with great success, it was not until the completion of the *Materia Medica Pura* that homœopathy could obtain any considerable number of practitioners. Still, even long before this period the fame of his new system had attracted round him a considerable number of devoted disciples who aided him in his provings of medicines and enrolled themselves as his pupils, for in 1812 he had obtained the licence to teach in Leipzig. His success as a teacher and practitioner excited the bitter animosity of the medical faculty of Leipzig, who eventually succeeded in driving him from that city in 1821. He removed to Cœthen, to which town he was invited by the reigning Duke of Anhalt-Cœthen, a firm believer in the truth of homœopathy. It is satisfactory to think that in 1851 a bronze statue to Hahnemann was erected in the city whence thirty years previously he had been ignominiously expelled.

In 1821, Stapf, one of Hahnemann's earliest disciples and dearest friends, established the first periodical devoted to the spread and promotion of homœopathy—the *Archiv für hom. Heilkunde*. Papers were contributed to it by many talented practitioners who were converts to

the new doctrine. Hahnemann was greatly pleased that his method had now a periodical organ, though he contributed very few articles to it. But he continued to write articles on various subjects in separate pamphlets and in popular periodicals, and to bring out new editions of his *Materia Medica* and *Organon*. And in 1828 he published the first three parts of a great work on *Chronic Diseases*, the fourth and fifth parts of which appeared in 1830.

In 1830 Rummel commenced a weekly periodical, the *Allgemeine Homöopathische Zeitung*, which under various editors has continued to be regularly published, and has contributed greatly to the spread of a knowledge of homœopathy in Germany.

The first great society of homœopathic practitioners was founded by Hahnemann in 1829. It is called *The Central Society of German Homœopathists*, and is still a flourishing institution. It was through the instrumentality of this Society, assisted by subscriptions of homœopathic adherents from many different countries, that the bronze statue of Hahnemann was erected in Leipzig in 1851.

When the cholera invaded Europe in 1831 and threatened to extend its ravages to Germany, Hahnemann, from his retreat in Cöthen, wrote a pamphlet pointing out the medicines suitable for its treatment, though he had never seen a case of the disease. When the cholera arrived in Germany his disciples treated it in the manner proposed by Hahnemann, and with a success that immeasurably surpassed the results obtained by practitioners of the ordinary methods.

Hahnemann's work on *Chronic Diseases, their Peculiar Nature and Homœopathic Treatment*, was published in 1828-30. His novel theory of the derivation of all chronic diseases from psora, syphilis and sycosis did not obtain the assent of all his disciples. In his previous writings he had frequently denounced the tendency of medical authors to form pathological theories which he held to be disastrous to therapeutics, and here he appeared in the character of a pronounced pathological theorist. This new departure gave rise to much controversial writing in the bosom of the homœopathic school, which was not on the whole favourable to the spread of homœopathy.

The opposition to homœopathy in Germany on the part of the adherents of traditional medicine commenced at a very early period. Hahnemann's denunciation of the ordinary methods of treatment excited the anger of the old school, which was not confined to controversial writing but which resorted to more objectionable methods. The privileges of the apothecaries enabled the opponents of homœopathy to institute prosecutions against homœopaths for dispensing their own medicines, and they were often prohibited from practising their method, and even condemned to fines and imprisonment when patients died under their treatment, on the ground that they had failed to employ the ordinary methods of treatment. Scurrilous and calumnious articles appeared in the medical and other journals; and pamphlets and even books were published containing false and malicious accusations against Hahnemann and his adherents. Still, in spite of all opposition the number of the medical adherents continued steadily to increase, and at the present time there is hardly a small town in Germany which has not its representative of homœopathy, many of whom enjoy the confidence of a large proportion of the population. A periodical edited by Griesselich, the *Hygea*, did much to extend a knowledge of homœopathy. It was commenced in 1832 and was continued till 1849, and only ceased with the death of its founder and editor in that year. The *Allgemeine Homöopathische Zeitung* has already run a course of upwards of seventy years and still flourishes. An excellent monthly periodical is published by the Berlin Homœopathic Society, and another monthly, edited by Dr. Villers, of Dresden, has now completed its ninth year. Besides these several popular homœopathic periodicals are regularly published. There are homœopathic hospitals in Leipzig and Stuttgart, and dispensaries are numerous. Many important works on homœopathy have appeared in Germany.

Homœopathy was introduced into Austria in 1819 and rapidly gained many adherents, but the partisans of traditional medicine procured its prohibition in the same year, notwithstanding which and the legal prosecutions its practitioners were subjected to, it continued to make many converts, not only among the medical profession, but also among all classes of the community. When the

cholera invaded Austria in 1836, the success obtained in its treatment in the Hospital of the Sisters of Charity in Vienna under the care of Dr. Fleischmann led to the repeal of the law against its practice. After this a great impetus was given to the spread of the new system by the foundation of a society of homœopathic physicians which undertook the proving of many new, and the re-proving of many old medicines, the results of which were published in a periodical. After a few years this periodical ceased to exist, and the literary zeal of the Austrian practitioners declined, though their numbers continued to increase in all the Austrian States. They are probably now too much occupied with their professional duties to continue the work for which they were formerly so distinguished. There are three homœopathic hospitals in Vienna and several others in other parts of the Empire, but the contributions of Austrian homœopaths to the literature of homœopathy have lately been conspicuous by their absence. In Hungary there is a chair of homœopathy in the University of Pesth.

Homœopathy has spread over most of the European countries. Italy, Switzerland, Spain, Portugal, Belgium and Holland, are all well provided with homœopathic practitioners, and monthly periodicals, scientific or popular, are regularly published in all these countries. Denmark has a few medical representatives of homœopathy. Sweden, the China of Europe, has never had more than one homœopathic practitioner. Homœopathic medicines are not allowed to be imported into the country, but are seized and destroyed at the Custom Houses. Russia has long had a fair number of homœopathic practitioners, some of whom have been appointed by the Government to the charge of hospitals. The late Dr. Bojanus, of Samara, was well known as the author of several excellent works on homœopathy, and Drs. Brasol and Dittmann, of St. Petersburg, have done much to spread a knowledge of homœopathy among their countrymen.

France has a large number of homœopathic practitioners. The presence of Hahnemann in Paris, where he resided and practised from 1835 till his death in 1843 gave a great impetus to the spread of homœopathy in France. There are in Paris two excellently managed though small homœopathic hospitals, two homœopathic societies, each having a considerable number of members,

and two monthly periodicals very ably conducted. Several well-attended International Homœopathic Congresses have been held in Paris, those of 1889 and 1900, held during the great exhibitions of those years, attracted homœopathic practitioners from many countries. The French homœopathists have not been much harassed by the persecutions of their allopathic colleagues beyond exclusion and expulsion from medical societies and the ordinary journalistic misrepresentations which have been the lot of Hahnemann's disciples in all countries. Three of the most illustrious champions of the old school—Andral, Trousseau, and Broussais—have even given a qualified assent to the homœopathic principle. A handsome monument with the original bronze bust by David d'Anger over Hahnemann's grave in the cemetery of Père la Chaise was unveiled during the International Congress of 1900.

Homœopathy was first noticed in Britain in a laudatory account of Hahnemann and homœopathy in the *Edinburgh Review* by Sir Daniel Sanford, Professor of Greek in Glasgow University in 1830. Dr. Quin, who was the first to introduce homœopathy into England, settled down to practice in London in 1827, where he practised with remarkable success until his death in 1878. He was the founder of the British Homœopathic Society in 1844, and contributed mainly to the establishment of the London Homœopathic Hospital in 1850. Its first seat was in Golden Square, whence it was removed in 1859 to its present seat in Great Ormond Street. This building having been found inadequate to the modern requirements of medical and surgical practice, was pulled down and the present magnificent building was built on its site, and opened for the reception of patients in 1895. Courses of post-graduate lectures are given by members of the staff and are pretty well attended. A periodical, the *London Homœopathic Hospital Reports*, is regularly published.

The first homœopathic hospital in London was a small building in Hanover Square, under the charge of Dr. Curie, and chiefly supported by the munificence of Mr. William Leaf. It had but few beds for the reception of patients, and was rather a dispensary than a hospital; it was opened in the thirties and carried on for ten or twelve years.

Another homœopathic hospital, the Hahnemann Hospital, was opened in 1850, but it only lasted four years. Lectures on materia medica and on the theory and practice of homœopathy were delivered by the medical officers. It contained forty-five beds.

There are other hospitals in Britain. The most important is the Hahnemann Hospital in Liverpool, a very handsome and commodious building with fifty beds, built at the sole cost of the late Sir Henry Tate. In Birmingham there is a hospital with thirty beds; in St. Leonards a cottage hospital with sixteen beds; a small hospital in Eastbourne, one in Plymouth and one in Bromley. There are homœopathic convalescent homes in Hastings, Bournemouth and Slough. There was formerly a homœopathic hospital in Doncaster with twenty-two beds, established by the late Dr. Dunn. It existed from 1853 till 1876, when Dr. Dunn left Doncaster and the hospital was sold. A hospital with twenty-five beds was opened in Manchester in 1850, but from lack of subscriptions was forced to close its doors after a useful career of several years.

The first homœopathic periodical published in Britain was the *British Journal of Homœopathy*, which commenced its career as a quarterly in 1843, and continued under various editors till 1883. Its first editors were Drs. Drysdale, Russell and Black. At the present time there is one quarterly, the *Journal of the British Homœopathic Society*, and two monthlies, the *Monthly Homœopathic Review* and the *Homœopathic World*. Other periodicals have appeared at various times, but have now ceased to be published. Many important works on homœopathy have appeared in Britain, some of which are highly esteemed all over the world.

Homœopathy has undergone much persecution in Britain. Most of the colleges and some medical societies have passed resolutions against the practice of homœopathy by their licentiates and graduates. Coroners' inquests have been held against practitioners of homœopathy, and in some instances verdicts of manslaughter have been recorded against them, which were, however, quashed by superior courts. Candidates for degrees and diplomas have been rejected by examining bodies on their refusal to promise not to enquire into or practise homœopathy. These have now been put a stop to by a

clause introduced into the Medical Act of 1858. Homœopathic practitioners have been expelled from hospitals, and others have had their diplomas taken from them by the College of Surgeons of England. Some have been deprived of their public appointments, and the chief medical periodicals of the old school have denounced and calumniated the practitioners of homœopathy. But in spite of the hostility of their medical brethren, the general public have not shared the prejudices of the profession, and most homœopathic practitioners enjoy large practices, and three important towns, Doncaster, Hastings and Leicester, have elected homœopathic practitioners to the dignity of mayors.

Notwithstanding all opposition homœopathy has steadily advanced in public esteem and has obtained many notable converts from the dominant school. Chief among these is the late Dr. Henderson, professor of pathology in the University of Edinburgh. Though he was forced to give up his appointment at the Royal Infirmary, his enemies could not depose him from his professorship, which he continued to hold till his death.

The British Colonies of Canada, Australia, Tasmania, New Zealand and South Africa possess a fair proportion of homœopathic practitioners. India has also numerous representatives of Hahnemann's system, a large number of whom are natives. Two English and one native monthly periodicals are regularly published in Calcutta.

If homœopathy has had a steady success in the Old World, it has advanced by leaps and bounds in the New. Homœopathy was introduced into the United States in 1825 by Dr. Gram, a Danish physician, and since that time it has spread with the rapidity of an epidemic through all the States. Its legally qualified practitioners amount to upwards of 14,000. It has numerous Colleges and one University, which turn out about 400 graduates, male and female, annually. It has upwards of fifty hospitals, one of which, supported by State funds, has upwards of 600 beds. It has several State lunatic asylums, a still larger number of dispensaries, and many societies, one of which, the American Institute of Homœopathy, has upwards of 1,600 members. This Institute has a large Congress every year, and has had several International Congresses. There are about thirty periodicals, monthly and quarterly, and annual

Transactions of societies and Hospital Reports, and last year the American adherents of homœopathy erected a magnificent monument to Hahnemann in the city of Washington. Numerous works on the theory and practice of homœopathy have been published. With such an immense following homœopaths in the United States have suffered little from persecution, as they are able to hold their own against their opponents of the old school.

All the other States of North and South America have numerous practitioners of Hahnemann's school. Mexico, La Plata, Monte Video, Colombia, Brazil, Chili, and Peru are well represented by homœopathic practitioners, and monthly periodicals are published in most of them.

The system of Hahnemann which, at the beginning of the century just terminated, had only one representative of homœopathy, namely Hahnemann himself, has now adherents all over the world and continues with unabated vigour to increase its numbers and to prove its superiority over all other medical systems by the pre-eminent success of its treatment of all curable diseases. But its triumph in the domain of medicine is not confined to the enormous number of legally qualified practitioners it has enlisted. It has effected the most radical changes in the practice of the old school. The methods of treating disease which had been pursued with unquestioned faith for thousands of years, and which were in full sway far into the first half of the 19th century, have been utterly discredited and in great part abandoned since homœopathy showed them to be unnecessary and hurtful. Bleeding, blistering, cauteries, mercurialisation, and excessive purgation have almost disappeared from general medical practice, not without the most energetic protests from those who had hitherto believed and asserted that these heroic practices were indispensable for the cure of diseases. The leaders of traditional medicine would never have abandoned their time-honoured violent and painful practices had it not been that patients seeing how homœopaths cured diseases by their mild and gentle method, refused any longer to submit to the disagreeable remedies of their allopathic medical attendants, and threatened to leave them and go over to their rivals of the new school. So as the old-school doctors saw that they must either abandon their traditional methods or lose their patients, they made a virtue of necessity and, without admitting

the superiority of homœopathy, or allowing an imputation on their own infallibility, they announced to an amused world that diseases had suddenly changed their type and now, instead of requiring violent and heroic remedies, they needed the gentlest and most non-interfering treatment; that the system required supporting and soothing, so that narcotics, tonics and stimulants (meaning alcohol) were the only proper remedies, and that many cases, where energetic treatment used formerly to be applied, now did better if no medicine whatever was given, but attention was paid to hygiene and diet.

But all practitioners of the dominant sect could not rest content with the position so many of their teachers desired to relegate them to—that of mere inactive watchers of the course of disease—a sort of superior sick nurses. Believing that medicines were intended for the cure of diseases, they desired to possess something besides the palliatives that constituted the chief or only medicines generally employed, and to be able to do something more for their patients than attend to their diet and regimen. So they sought for remedies which were able to cure, which were in fact of the nature of specifics. And many such they found in the homœopathic materia medica, which they freely pillaged without acknowledging the source whence they derived them. The works of Ringer, Lauder Brunton and Mitchell Bruce introduced them to many remedies hitherto unknown to traditional medicine. Accordingly we find them now employing many medicines which were unblushingly taken from homœopathic sources, such as aconite, nux vomica, pulsatilla, bryonia, drosera, nitro-glycerine, and other strange drugs, and prescribing many of the old medicines on the indications given by homœopathic practitioners in doses of hitherto undreamt-of smallness, as drops of tinctures and fractional parts of grains, such as ipecacuanha for sickness, corrosive sublimate for dysentery, bichromate of potash for gastric ailments, arsenic for diarrhœa, and so on. Thus much of the old-school practice is a sort of homœopathy, crude indeed and often unsuccessful because the strict individualisation of homœopathy is often neglected and names of diseases are treated in place of concrete cases of disease. Stealing the implements of an artist will not make the thief an artist if he does not know how to use them.

But while borrowing so much of their practice from homœopathy the authors of modern medical works have never ceased to revile and calumniate the system to which they owe so much. No medical man who makes an open avowal of his homœopathic convictions has a chance of obtaining any public appointment, of being elected to any medical society, or of having an article published in any old-school medical periodical.

The change that has taken place in the practice of the old school during the last fifty years of the century has produced such a *rapprochement* in the practices of the two schools, that there is not that vast difference in the two which was notorious in the first half of the century. While that difference existed the spread of homœopathy was much more rapid than it has been since patients have ceased to dread the debilitating and painful methods formerly in vogue. They no longer fear to be bled, blistered, mercurialised or immoderately purged by the ordinary practitioner, so they have not the same inducement to resort to the mild and pleasant methods of homœopathy. Though homœopathy undoubtedly advances, it does so more gradually and slowly, and the number of homœopathic practitioners in the country seems at times to be almost stationary.

Other changes in the old-school methods have contributed to the temporary arrest of the flowing tide of homœopathy. There has been nothing like an ebb of the tide, but its onward course has been somewhat slackened by certain novel currents that have appeared in general medicine and which have excited much attention among the non-medical public.

The chief of these is the very modern doctrine of bacteriology, which during the last two decades has been diligently worked for all it is worth and for considerably more than it is worth. The number of diseases credited to be due to bacteria is perhaps not much more than a score, but the bacteriologists talk and write as if all diseases were caused by those minute organisms, variously called germs, bacteria and microbes. The doctrine has taken such a firm hold of the medical profession that no medical school is now considered complete unless it possesses a chair of bacteriology with laboratories for the study and teaching of the novel science. Its professors declare that ordinary medicines are powerless for the

treatment of diseases of microbial origin, and that the only remedies for these diseases are injections of the blood-serum of animals which have been inoculated with these microbes or with the toxins said to be secreted by the microbes; hence these serums are called "antitoxins." Bacteriology has become a huge commercial business. As the detection of the microbes requires a special education and trained experts, the general practitioner, who has not had the education and training, has to apply to the experts in order to learn if his patients are suffering from a microbial disease, and what the microbe is. For this a handsome fee is required. Then the preparation of the antitoxic serums is a complex and expensive process which can only be conducted by experts. The price of these serums is consequently pretty high, but the profits from their sale are considerable, and these go into the pockets of the bacteriologists, their manufacturers. Homœopathic practitioners believe in the remedial power of their medicines and do not, as a rule, believe in bacteriology or employ this serum-therapeutics. But those who refuse credence to the bacteriological doctrine are denounced as unscientific, as not up-to-date in medical knowledge, and their reputation suffers accordingly to some extent with the general public on whom the repeated assertions of many of the most eminent representatives of medicine that bacteriology is true scientific pathology, and serum-therapeutics the most efficacious means of combating disease, have produced a considerable impression.

The treatment by preparations of the organs and tissues of healthy animals of diseases of the same organs in man has probably contributed to the loss of faith in drug-remedies. But not to any great extent, for this new organopathy has not an extensive following, though some of the great chemical manufacturers sell preparations of almost every organ of the body, done up in neat tabloid form or enclosed in gelatine capsules. The partial or transient success of the treatment of myxœdema by preparations of the thyroid gland of sheep, is responsible for the initiation of the practice of this organopathy, but though some marvellous cures by these novel remedies have been recorded, the practice itself does not seem to gain in repute, for even the most credulous of doctors are fully aware of the small value of

records of marvellous cures, seeing that they are the invariable concomitants of all new systems and new remedies.

Another circumstance that has tended to diminish the popular belief in medicines is the astonishing progress that has been made in surgery since the introduction of anæsthetics and aseptic precautions. The absence of pain during operations under anæsthetics, and the rapid healing of wounds and diminished danger from even the most formidable operations under asepsis have emboldened surgeons to operate in cases which a few decades ago would have been deemed beyond surgical aid, and the same causes have in a great measure dispelled the fears of the knife in patients. As a result, surgeons have trenched greatly on the domain of physicians, and diseases which were formerly treated only by medicines are now considered to be proper subjects for surgical treatment. Patients who are naturally always in a hurry to have their diseases cured have easily been persuaded to allow their diseased organs to be excised by the short process of an operation, rather than submit to their more tedious cure by medicines, and practitioners have found that they derive more *kudos* and more remuneration from an operation than from the slower process of medicinal cures. There is no doubt that many useless and sometimes unjustifiable operations are now performed and mutilations resulting in life-long misery to their victims are not uncommon. I have known cases where such apparently simple operations as enucleation of cervical glands and amputation of enlarged tonsils have been rapidly fatal. So that, on the whole, the predominance of the surgical over the medical treatment has not been an unalloyed blessing, and it would be advantageous to the patient world if some curb were put upon the *furor operativus* of modern surgery, and many diseases or cases of disease were again relegated to the domain of therapeutics.

In the present state of affairs, with surgery triumphant and bacteriology rampant, rational therapeutics must take a back seat. But the time will come—how soon it is not safe to prophesy until after the event; so we must curb our impatience until the happy time arrives which shall see the restoration of therapeutics to its legitimate supremacy, which will probably be before the end of the

century that has just commenced. Homœopathy has already lasted longer, has attained a more venerable age than any of the therapeutic systems or methods of the past century. Those of Brown, Cullen, Rasori, Broussais, Hamilton, Todd, Bence Jones, and others have strutted and fretted their hour upon the stage and then are heard no more, while homœopathy has persisted and still goes on gaining in strength and ever adding to the number of its adherents.

Homœopathy still points with just pride to the very considerable reduction it effects in the mortality of all curable diseases as compared with all other methods of treatment; whereas poor allopathy, in spite of its perpetual boasts of the vast gains of modern medical science, in spite of its serum-therapeutics, its anti-pyretics, its anæsthetics, and its furtive pilferings from our *materia medica*, cannot point to any material reduction in the fatality of the diseases it has to treat. Every now and then some candid spokesman of the dominant school confesses that there has been no improvement in the life-saving power of its therapeutics. The latest utterance of this character was made in an address by Sir R. Douglas Powell at a meeting of the Clinical Society, reprinted in the medical journals of the 20th October last. "The death rate from pneumonia," he said, "has remained unaltered for fifty years; the influenza bacillus thwarts our best efforts and carries on its guerilla warfare year after year with a gay elusiveness worthy of a De Wet; nor can we yet cure a common cold!" Alas! poor allopathy! During the century just passed it has been in a perpetual agony of fear for the loss of its supremacy by the triumph of the new and rational therapeutics. The ever increasing popularity of homœopathy has driven it to despair. It first tried persecution—that failed. It has since tried other methods. It has sprung upon us the "expectant" method, the stimulant method, water-cure, grape-cure, thirst-cure, whey-cure, Nauheim-cure, electricity, bacteriology with its serum-therapeutics, organopathy and many other fads in the vain endeavour to stave off the day when the homœopathic principle shall have to be universally acknowledged as the sole rational guide in therapeutics. Some of the ablest men and cleverest thinkers in the profession have thrown up the search for

a guiding rule on therapeutics in despair. Says Sir Samuel Wilks: "I object to the attempt to treat cases of disease on principle, when we possess no principles." Dr. Pye-Smith says it is an attempt to answer "a riddle which has no answer"; and now Sir Douglas Powell sadly wails, "we cannot yet cure a common cold." Thus while allopathy by the confession of its most learned professors is in its death agony, homœopathy continues to advance after a century of existence in the full vigour of abounding life, conquering and to conquer. —*Labitur et labetur in omne volubilis ævum!*

A CASE OF MULTIPLE SMALL UTERINE
MYOMATA AND PELVIC PERITONITIS; THE
PATIENT BED-RIDDEN FOR SEVEN YEARS;
RETRO-PERITONEAL HYSTERECTOMY; RE-
COVERY AND RESTORATION TO HEALTH.

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THERE is chronicled in the immediately following paragraphs, in more detail than is usual, the report of a prolonged illness of considerable severity. It is the history of no dilettante invalid, who "enjoyed" bad health, but of an active and high-minded woman, leading a busy, unselfish life, who was suddenly stricken down by an accident, followed by a train of suffering lasting nearly twenty years. These sufferings were not chiefly of a subjective nature but were of a measurable or demonstrable kind. The character of the case seems to us to justify an extended narration of facts such as we have given, as does also the almost dramatic interest of the sequel.

We have adopted as far as possible the account of the patient and her attendants for the narrative of the earlier years.

X. Y. Z., æt. 42.—Patient had good health until 1882, and was leading an active life, helping her father in his parish up to the time of her accident.

During the years which preceded the accident patient had always a great loss at her periods, which lasted from seven to eleven days, with never more than a fortnight between the end of one flow and the beginning of the next, but there was no severe pain.

On September 26, 1882, she was thrown out of a carriage (in consequence of the wheel breaking) against the post of a gate and had concussion of the brain and fracture of the acromion process. But she suffered most from a violent pain up the left side of the abdomen for which no cause could be found. This accident took place on the fourth or fifth day of a period, which increased very much after it, with "flooding" for ten days.

After this date she began to have attacks of faintness and abdominal pain on the left side whenever the flow began, accompanied by "flooding" and excessive pain when overdone with all her work, for she led a busy life.

In 1885 she moved house, to a very cold and damp place—the work entailed by the move and playing the harmonium at church increased the pain very considerably, and in the autumn of 1888 diarrhœa set in; at first it was only present during menstruation, when it was occasionally as frequent as forty times in twenty-four hours, but she had several chills, and then it was more or less always present, and by the spring of 1890 it was constant at all times with much pain.

The abdominal pain on the left side was now much increased, and was present at all times, and any exertion brought on uterine hæmorrhage at any time. Kneeling in church appeared to cause diarrhœa. Her breasts became very swelled and so tender to the pressure of clothes that she found even loose dresses almost more than she could bear.

In the early spring of 1890, pain began on the right side of the abdomen. The patient was then under the care of the late Dr. Shaw, who gave her china, which checked the diarrhœa to a certain extent. By May, 1890, the pain was so much increased that she could not sit upright.

Dr. Shaw ordered her to lie down a good deal of the day, and at the end of five months allowed her to walk up and down stairs and a little out of doors.

The pain now seemed to begin to increase rapidly on

the right side and the diarrhœa was still so constant that by the last week of January, 1891, she had to again give up as she could not sit or stand.

In February, 1891, the diarrhœa ceased and constipation began and no relief could be obtained without enemata.

February 25th.—In consultation with a London physician it was decided that the patient must completely lie down and use a spinal carriage for out-door exercise and not walk up or down stairs. Of the diagnosis at this consultation we cannot speak with certainty, but it is believed that the left ovary was the supposed seat of the pain, due to inflammatory mischief.

In the winter, patient caught a severe chill, and diarrhœa again set in. She continued, however, to walk about the house until she fainted several times from the pain.

At a further consultation, a year later (February, 1892), it was said that there was no increased trouble with the left ovary but that the right one was now affected and the bowels were in a much worse condition.

In May, 1892, there was a further consultation with two London specialists, when patient had an anæsthetic.

The uterus was found to be retro-flexed and an attempt was made to replace it by the sound, but without success, owing to its being fixed in a mass of inflammatory material. The examination was followed by a very fœtid discharge, and menstruation set in too soon, accompanied by severe diarrhœa.

In September, an over-zealous nurse was anxious to make the patient walk, but the efforts to do so made the pain so bad that she again began to faint when she got on her feet. About this time she had obstinate constipation and jaundice.

The periods had become a little irregular and after a slight flow the second week in February that year (1893), there was no return of period for eight months, until the second week of October. Headaches were very violent all this time. She was subject always to headache, which seemed to centre itself in the place where the blow had been. At times there was much photophobia.

During the seven years from 1893 to 1900 there was never any diarrhœa, and she only once had a motion

without enemata. She began to retain the soap and water and even other forms of enema, and so glycerine was ordered.

Abdominal and pelvic pain was now always present, but became more acute four days before the periods began. After October, 1893, they became regular, generally two days less than the month.

In 1894, the breasts felt very enlarged and were tender, but there was no appearance suggesting a new growth.

In March, 1896, the patient had an attack of "low fever," with sore throat, which was found to be due to a bad state of the drains.

In the spring and summer of 1897 she was much troubled with a form of eczema on her fingers accompanied by a good deal of discharge which prevented needlework and writing. This she became liable to for some time and the irritation was a great worry to her.

In the summer of 1897 she began to suffer from nettlerash, which was present on and off "in her face, mouth and throat," for about a year and a half.

In November, 1897, she had a feverish attack which seemed like influenza and left her weak. On February 5th, 1898, real influenza symptoms set in. She became very feverish and for six weeks her temperature did not come down to her usual normal (97.4).

On February 8th, at 8 p.m., it was 103°, and that night there was a recurrence of dark foetid discharge such as she had had in May, 1892. She was prostrate with the pain and for some days was only semi-conscious. After this time the pain was permanently worse and any chill seemed to produce the discharge, which was always accompanied by greater pain than even the periods. She had subsequently four more attacks of influenza, but none so bad.

In September, 1898, her period came on twice in a fortnight and then ceased until the first week in December. Her headaches were very terrible during this time and her bowels were the greatest difficulty.

After December, 1898, the period was never again irregular.

Patient was never weighed after 1894, when she was 7 st. 1 lb., but she lost a great deal of weight after that. Her height is about 5 ft. 11 ins. Food was always a

difficulty, as she suffered much from indigestion and from constant ulcers in her mouth. At period times and when her headache was bad she ate very little indeed, but directly there was any lessening of the pain she always tried hard to eat.

On March 17th, 1900, we had the opportunity of seeing the patient together, eliciting the main facts already stated and ascertaining her then present condition. Before us was a woman who had been on her back in bed seven years, using her hands but scarcely raising her head. She was long, dark-and-dirty-complexioned, and emaciated to a degree usually only seen near the end of a long wasting illness or from death by starvation, as in cancer of the stomach. Almost no trace of the calf muscles was left, and between the bones of leg the fingers could almost meet at the interosseous membrane. The heart's action was unduly rapid for a recumbent patient—88 per minute—and the sounds were feeble but clear and the apex beat internal to the nipple line. The abdomen was somewhat tympanitic and in comparison with the bony body it seemed considerably distended. The knee reflexes were normal. For the examination of the pelvis anæsthesia was induced by A. C. E. There was a considerable amount of leucorrhœa, the uterus was retroverted and its surface irregular from the presence of two firm nodules, about the size of a hazel nut, apparently fibro-myomata. The mobility of the uterus was limited but not by any means absolute. No effort was made to restore it with the sound, though this instrument was used to measure the cavity, which was found to be three inches in length. At each side of the uterus the site of the broad ligament was occupied by thickened inelastic tissue. No large tumour and no evidences of malignancy were found. Our consultation resolved itself into a discussion of the *pros* and *cons* of operative treatment of a radical nature, that is of cœliotomy, followed by removal of the appendages alone or of the uterus also. AGAINST OPERATION were the following considerations:—

1. The weak state of the patient. Could we advise her that she had strength to undergo a prolonged abdominal operation with a reasonable probability of pulling through? Did we think that if she had strength to go through the operation she had enough recuperative

power to enable her to regain her health sufficiently to get about?

2. Associated with the former—the ridiculously small amount of food taken by the patient. Before coming to a final decision we obtained a definite list of her usual amount of food, but this has unfortunately been lost. Suffice it to say that it was alarmingly small.

3. The probable difficulty of operation on account of adhesions.

4. Great and trying sickness after previous anæsthetics.

5. Lastly and chiefly, the ascertained great deficiency and the excretion of urea. It was found that only about 64 per cent. of urea was being excreted.

IN FAVOUR OF OPERATION, and dealing with some of the objections already alluded to, were the following points:—

1. The long period in bed and the previous pelvic peritonitis, with a present normal or subnormal temperature. Lying in bed would be much less irksome to her than to most patients. It is a matter of knowledge and a fact impressed upon us by experience, that a peritoneum damaged by chronic inflammation is more tolerant of manipulation than is a healthy peritoneum.

2. Thin patients bear operations better than stout, flabby ones.

3. Bearing on ultimate recovery was the fact that no organic disease apart from the pelvis existed.

4. The existence of a definite pelvic lesion enough to account directly for most of the objective signs and for the persistent pain and indirectly for the other subjective symptoms.

5. The bed-ridden and suffering condition of the patient cried aloud for pity and relief of some sort.

6. Her brightness and braveness, her willingness to accept risk and her strong determination to get well were also favourable elements not to be ignored.

We decided to advise the patient to have the offending organ, organs or structures in the pelvis removed by operation. While not denying or minimising the risk, we encouraged her to believe that she had strength to bear the shock of the operation and to recover sufficiently to get about again.

It may be wondered whether we were wise in advising a major abdominal operation in a debilitated subject

who was only passing about 100 grains of urea per diem. After giving due weight to this fact, our opinion was that the extreme emaciation of the patient and the unreasonably small amount of food being taken would account for the deficiency in urea and that no renal disease or real inadequacy existed.

She promptly, cheerfully and definitely accepted our advice and left us a free hand as to the nature of the operative procedure.

The readiness with which the patient's friends acceded to our suggestions in the way of preparing the rooms, overhauling the drains, etc., greatly facilitated matters and deserves and has our praise and our thanks. Everything possible was done to help the patient and ourselves and to contribute to the success of the undertaking.

On April 3rd, 1900, the patient was anæsthetised by gas and ether, by Mr. Lestock Reid, formerly anæsthetist to the London Homœopathic Hospital, and on the score of the anæsthesia we had not an instant's anxious thought.

The abdomen was opened and the pelvis examined. The uterus was found to be tethered backwards, the body was nodular and enlarged. Several small myomata were noticed; the broad ligaments were contracted, thickened and crumpled by old inflammation, the Fallopian tubes were closed, the ovaries glued to the tubes and mesometrium, and the cæcum, small intestine, and sigmoid adherent to the pelvic viscera. We were of opinion that the fullest measure of relief would be obtained by removing both uterus and appendages—the latter at least on one side. After tying off the upper part of the broad ligaments on each side the usual transverse incisions across the back of the lower part of the body of the uterus were made from ligament to ligament and similarly in front above the bladder, and the peritoneum (especially in front with the bladder) was peeled down. The uterine arteries were then found in the mesometrium on each side close to the uterus; they were secured with silk ligatures and the uterus was then cut away by a somewhat wedge-shaped incision. The stump of the uterus was then stitched together and the peritoneal flaps united over the stump with a continuous silk suture. The operation was thus practically

bloodless. The right ovary was not removed. The abdominal wound was closed in three tiers.

There was a certain amount of vomiting after the operation and the passage of a good deal of mucus by the bowel. Feeding was a little difficult, but the difficulties were overcome. Even the first night the sleep totalled two hours, in short doses of five to fifteen minutes. Nutrient injections were begun eight hours after the end of the operation, and milk in teaspoonful doses after sixteen hours more. The bowels acted on the third day. There was never any considerable abdominal distension. In a week the patient was taking more food than for many months before the operation. On the eighth day the sutures were removed and primary union had occurred. Progress was uninterrupted after this.

Her weight in November, 1900, was 8 st. 8 lbs., and she comes downstairs for all her meals and takes her food very well indeed. Her whole appearance and condition is changed for the better. The skin before operation was most unhealthy, probably from absorption of some toxins due to the offensive leucorrhœa; now it is splendidly healthy. She can walk a fair distance and enjoy life generally as she has not done for years.

Pathology.—The precise sequence of events in the evolution of this case will never be known with certainty. Whether or not the myomata were present in the year 1882 when the patient was only twenty-four years of age is unknown. It is an unusually early age for symptoms to lead to investigations which reveal the presence of myoma, but as we have known myomata to attain a very large size by the age of twenty-eight, it is at least possible that myomata may begin as early as twenty-three or twenty-four. Indeed, some such are recorded. In this case, the hæmorrhage so freely present at the menstrual epochs might be explained on this supposition. On the other hand, myomata present at the age of twenty-four would probably have attained a much larger size by forty-two than were those found at the operation. It is perhaps more probable that the violence of the injury, which *certainly* had some effect on the pelvic organs, as shown by the "flooding," ruptured some vessel or vessels (congested by the menstrual hyperæmia) in the broad ligament, and caused a

hæmatocele or an intraligamentous hæmatoma. This would induce peritonitis, to be followed by the usual damage to the pelvic viscera. The coincidence of pelvic peritonitis and of myomata may have been casual or the latter may have been in some obscure manner due to trophic changes induced by the former.

Remarks by Dr. Neatby.—From the time of the operation the patient was entirely under the care of Mr. Frank Shaw and two excellent nurses. It is to his assiduous watchfulness and skillful management that the satisfactory early convalescence is due. Later on they had also the more difficult task of leading back to life a patient who for seven years had only existed. Here ample scope was given for a wise combination of gentleness and firmness, and under guidance of this kind the patient nobly and splendidly seconded their efforts, with results of the most cheering description. By the aid of judicious feeding, the use of massage, graduated exercises, etc., power slowly came back to the atrophied muscles. She stood and then walked, indoors and then in the garden, first at her home and then in the country. I shall not soon forget the day when some months after operation this patient walked across the lawn to receive me when I called on her, and entertained me with an account of her travels and with an inspection of her amateur photographs—she who had so long been confined to the narrow limits of a small bedroom and a smaller bed.

INTUSSUSCEPTION IN CHILD OF FIVE MONTHS: OPERATION—RECOVERY.

By H. WYNNE THOMAS, M.R.C.S. Eng.

Medical Officer to the Phillips' Memorial Hospital, Bromley.

FINE, healthy boy, weighed ten pounds at birth; very happy, contented baby—never ailed anything; bowels acted regularly, motions soft and good colour.

Aug. 1st, 1900, 3 p.m.—Had a loose, watery, yellow motion, and almost at once screamed and turned deathly white. I saw him at about 4 p.m., and found him very pale and cold to the touch. Every few minutes he would cry out and throw his arms and legs about as if in great pain, then become quite quiet, as if exhausted. I could not

count his pulse as it was difficult to feel at all. He vomited a little curdled milk while I was present (the only vomiting that occurred throughout the illness). I gave him a hot bath, wrapped him in a warm blanket, and mixed him some Cham. 1x, to be taken every fifteen minutes.

5.30 p.m.—Father came round to say he thought the child was dying, and that he had passed some blood by the bowel.

On arrival, I found him less collapsed. Temp. 98° ; pulse, 140. A sausage-shaped swelling could be made out in the left side of the abdomen; no special tenderness. Examination per rectum brought away some dark blood, but nothing could be felt.

Under chloroform, administered by Dr. Madden, I injected warm water slowly from a douche can, and inverted the child, but the water returned with considerable force. After several injections the swelling in the abdomen had disappeared, and I hoped that the bowel had righted itself.

10 p.m.—The child seemed as bad as ever; the swelling was more marked than before, and was now visible to the eye.

I therefore removed him to the Phillips Memorial Hospital, and, under chloroform given by my colleague, I made an incision in the middle line from the umbilicus to the pubes. On opening the peritoneal cavity, bloody serum welled out, and on passing in two fingers, I had no difficulty in feeling a large hard coil of gut occupying the left side. On enlarging the opening upwards, I was able to draw out about a foot of the larger bowel, which contained invaginated gut; this I managed to unravel by squeezing back the intussusceptum, and at the same time drawing down the sleeve over it; finally the ilio-cæcal valve and appendix appeared, very congested and of a port-wine colour. Not wishing to prolong the operation, I returned the bowel and appendix, without excising the latter, and stitched up the peritoneum with a continuous suture, and then the parietes by interrupted gut sutures, and dressed the wound with cyanide gauze, and put the child to bed.

Aug. 2nd.—Three hours after the operation the child was given two ounces of milk and water which was repeated every two hours.

Temp. rose to-day to 100.6° , but was normal by evening, and during the remainder of the stay in hospital it was below normal, except on Aug. 6th, when it reached 99° . Pulse, 150.

Passed blood twice to-day, but no fæcal matter; seems much better. Bell. Sc, Merc. cor. 8x, alternate 2 hours.

Aug. 3rd.—Dressed wound, as lower dressings were damp from urine; passed a greyish-green motion.

Aug. 4th.—Bowels acted three times; child seems very well. P. 140. Milk, 2 ozs., barley-water, 2 ozs., every three hours.

Aug. 13th.—Removed stitches; wound quite healed; bowels acting daily.

Aug. 21st.—Went home.

When I saw the child last, at the end of November, it was quite well, and had continued well since leaving hospital.

Remarks.—The special point of interest in the case is the age of the child. I have not known any case so young to recover; but this I attribute to early operation, before the child was too exhausted and before adhesions had formed; when this has taken place enterectomy may be necessary, which adds immensely to the severity of the operation.

The acuteness of the condition is evident from the fact that the ileo-cæcal valve had become invaginated to within a few inches of the anus in the space of about three hours; for there is little doubt that the commencement of the intussusception was co-existent with the loose evacuation, as shown by the blood-stained serum and deeply congested state of the bowel.

The absence of vomiting, with the one exception, is a little remarkable, considering the severity of the attack; though sickness is seldom so marked in this class of case as in other forms of obstruction of the bowels.

Another point of interest was the apparent disappearance of the sausage-shaped swelling from the effects of the injection; this was no doubt due to the pushing up of the invaginated portion of the bowel into the splenic and hepatic flexure, where it cannot be felt.

It is doubtful if cases of this kind are ever cured by distending the lower bowel with water or air, though this proceeding is still recommended in text-books; the best surgeons of the day advise early operation.

Certainly, when the gut is so far invaginated as to be felt through the parietes, it is useless to expect nature to cure the condition. Cases have indeed been reported where the contained gut has sloughed and come away; but the chance of such a lucky event happening is not to be relied on.

THE ACTION OF RHUS TOXICODENDRON UPON THE EYE.

By CHARLES DEADY, M.D., New York.

IN the collection of provings of *Rhus toxicodendron* made by Samuel Hahnemann, and published in Vol. II of the *Materia Medica Pura*, the number of symptoms relating to the eye and its neighbourhood is so large as to lead to the supposition that *if the theory of homœopathy* be a correct one, this drug should prove of special value in the treatment of diseases of the visual organs. Never did an hypothesis receive better support when reduced to practice; and if the efficacy of the law of *similia similibus curentur* were compelled to rest upon a single test to demonstrate its truth, few better selections could be made than that of *Rhus tox.* in the department of ophthalmology.

Many of the symptoms contained in the *Materia Medica Pura* are indefinite, and the great majority of them point to apparently superficial diseases; but when we consider the fact that at the time these provings were made, the science of ophthalmology, as understood at the present day, actually had no existence, that the principle of the ophthalmoscope had not yet been discovered, and that the methods of precision in the examination and diagnosis of diseases of the eye now available were at that time unknown, this is little to be wondered at; and we are compelled to admire the industry and energy of the men, some of them of our own day and generation, whose tireless labour has sifted and arranged the numerous symptoms of this and other drugs, and indicated the method of their proper application to the various pathological processes.

When the New York Ophthalmic Hospital was placed in charge of the adherents of the homœopathic school, they were confronted by the fact that no definite *materia medica* of diseases of the eye and ear, as such, was in existence, and in order to ascertain the remedy for a given case of disease they were obliged to take the conditions throughout the body, and by comparing these with the general *materia medica*, find a suitable drug for the totality of the symptoms. Had they been

content with simply curing their cases in this routine way, little would have been gained, but they made it a rule to take down the special eye or ear symptoms in each case with great care, and when a drug had cured a certain case of disease, the eye or ear symptoms which had disappeared under its use were carefully noted. With a multiplicity of cases, and a systematic verification of symptoms, a valuable special *materia medica* of these diseases was compiled and the curative properties of drugs in the various pathological entities of the eye and ear were definitely demonstrated and their characteristic symptoms for each disease mapped out.

Under this methodical procedure the relative value of drugs apparently indicated in these diseases gradually became better known; some although presenting many and varied symptoms were found by experience to be superficial and evanescent in their action, while others proved of the greatest efficacy in the most serious lesions and became indispensable in the armamentarium of the physicians of the hospital staff.

In the latter group *Rhus tox.* speedily assumed prominence as a drug of special value in ocular disease, and this was enhanced by such a large measure of success in its application over a wide range of affections, that it came to be regarded (at least in this hospital) as a veritable sheet anchor in ophthalmological work, and as time passed it was used more or less in almost all the acute diseases to which the eye and its adnexa are subject.

A prominent symptom of *Rhus* is great swelling of the eyelids. This it has in common with a number of other remedies, but differentiation becomes less difficult when we remember that *Rhus* is especially indicated when swelling and oedema of the lids are the result of the deeper and more serious lesions. After the operation for cataract, one of the first symptoms indicating danger is oedematous swelling of the lids, and no drug in the *materia medica* compares with *Rhus* for ensuring the safety of the eye. When the pathological process advances, even to the appearance of pus within the eyeball, still we may confidently rely on this remedy which has cured many such cases when they were apparently hopeless. In all post-operative complications it is of the greatest value, and too much emphasis cannot be placed upon this statement.

When a sound eye takes on sympathetic irritation from its diseased fellow, the fact is first manifested by a certain amount of swelling of the lids and more or less profuse lachrymation, the latter another valuable indication for *Rhus tox.* In this condition I have personally used it many times with complete success, and it is the first drug to be thought of in this extremely dangerous complication.

It is a well known fact that Rhus is particularly applicable in rheumatic conditions, especially where these are resultant upon a wetting or exposure to dampness. This, together with its nightly aggravation, points to another sphere of usefulness in rheumatic iritis, where it will prove all sufficient when the characteristic symptoms exist.

In suppurative iritis and cyclitis it is very serviceable, no matter what the cause.

The symptom, "while he turns the eye or it is pressed, the eyeball is painful, can hardly move it," indicates its use in acute retrobulbar neuritis, which causes this symptom exactly and is well known to be frequently due to a rheumatic diathesis. The same symptoms may call for this drug in tenonitis, in which the stiffness, difficulty of, and pain on, moving the eye are specially prominent and which has swelling and œdema of the upper lid, chemosis of the conjunctiva and protrusion of the eyeball, all symptoms of Rhus tox.

The idiopathic form of this disease is almost always rheumatic or gouty in origin, furnishing still another indication for the remedy.

In orbital cellulitis we have swelling of the lids, chemosis, protrusion of the eyeball, almost complete abolition of motion with pain at the attempt, and also, on pressure, aching in and around the eye with the probable formation of pus in the deeper structures—all conditions curable by Rhus tox., which is one of the best remedies for this disease whatever may be its origin, traumatic or otherwise and, which has cured many of the most desperate cases.

In panophthalmitis, or suppurative inflammation of the eyeball, we find the swollen lids, difficulty of, and pain on motion; chemosis of the conjunctiva, severe pain in the eyeball, lachrymation, etc., again indicating the remedy. Rhus tox. is one of the few drugs that have cured this most fatal of lesions, and its success in restoring the integrity of the eye in some cases where this result has seemed almost impossible is a matter of record.

The symptom, "heaviness and stiffness of eyelids, like paralysis, as if difficult to move eyelids," would seem to indicate its use in ptosis, and this condition, as well as paralysis of certain of the ocular muscles, is curable by Rhus tox., especially if due to wetting or dampness. Such cures have been made frequently in the clinics of the Ophthalmic Hospital.

Erysipelas of the eyelids often presents the characteristic symptoms of Rhus. Of course the swelling of the lids is always present, but many of these cases have in addition the chemosis, hot lachrymation, the characteristic pains and aggravation, restlessness, vesicular eruptions, etc., and it is a valuable and efficient remedy where these exist.

Although Rhus tox. is especially useful in the most serious inflammations of the deeper and more important structures of the eyeball and surrounding tissues, its sphere is not confined to these conditions alone, but seems to cover almost all the acute diseases to which the visual organs are subject.

Given a rheumatic origin, especially if it be from exposure to damp or wet weather, with profuse lachrymation, pain in and about the eye, a tendency to chemosis of the conjunctiva, œdema of the lids, photophobia and the characteristic aggravation and restlessness at night, and this valuable drug will rarely be found wanting in any of the inflammations of the conjunctiva, cornea or lids.

I have many times cured with it acute catarrhal conjunctivitis, phlyctenular conjunctivitis and keratitis and ulcers of the cornea, and have subdued the acute aggravations of conjunctivitis trachomatosa, where the above symptoms or some of them were present. It is also frequently successful in the treatment of abscess of the lid, which, while not a serious, is an extremely painful disease.

Dr. W. A. Phillips, in an article published in the Journal of Ophth., Otol. and Laryn., July, 1899, page 224, recommends the use of Rhus tox. : "When the ciliary muscle itself seems to be the special seat of trouble ; when its muscular tone is disturbed from previous straining, and when inability is present after using the eyes for reading any considerable time, notwithstanding optical correction."

He has had much success with the drug in these cases and considers that its action here is on a plane with that of lameness or soreness due to rheumatism. In my opinion another factor may be spoken of. One of the differential points between Arsenic and Rhus is that the Arsenic patient is *actually* so weak that he cannot do what he would wish, while the Rhus patient *feels* so weak that he cannot do it, but by making the effort he can overcome his weakness and accomplish what he desires. This seems to indicate in the Rhus case an indisposition to exertion due to want of *tone* of the muscular system, and this explanation applied to the ciliary muscle would account for the successful action of this drug in the class of cases indicated.

I would not have it understood that I consider Rhus tox. a universal panacea for all the inflammatory diseases of the eye ; all of these affections are many times extremely variable in their presenting symptoms and other remedies are frequently called for, but the drug under consideration is one of the first importance and is most reliable and efficient when accurately prescribed.—*Homœo. Eye, Ear and Throat Journal*, Oct. 1900.

REVIEWS.

A Systematic, Alphabetic Repertory of Homœopathic Remedies, by Dr. C. von BÖNNINGHAUSEN. Part First: Embracing the Antipsoric, Anti-syphilitic and Anti-sycotic Remedies. Translated from the second German edition by C. M. BOGER, M.D. Philadelphia: Boericke & Tafel, 1900; pp. 269. Price \$3.

IN the modest Translator's Preface, the first of the contents of this work, Dr. Boger calls attention to the fact that though the work is two-thirds of a century old (for the preface to Von Bönninghausen's second edition is dated Münster, July, 1833), it is a work which, as far as it goes, is of the same value as when it first saw the light. This is a fact which may well be emphasized, for the whole standpoint of the homœopath depends upon a recognition of correctly observed pathogenetic effects from provings upon the healthy body. Scientific advances in the direction of an increased knowledge of the causation and pathology of disease, an improved nomenclature, nay more, an entire change of view as to the nature of disease itself, are alike powerless to alter the fact that certain drugs are capable, now as then, of producing certain definite effects on the healthy. Indeed, it may be said that the passage of time, during which several generations of candid and conscientious practitioners have utilized these facts successfully, by the light of a definite and scientific law, has added to, rather than detracted from, their original value. There is, however, in this same Translator's Preface a passage which it appears to us necessary to examine with some care. Dr. Boger says, "It is to be regretted that certain of our number have seen fit to run after theoretical speculations and a clinical symptomatology, forgetting that true scientific principles demand demonstrable facts." We do not purpose at present to define the exact place and value of theoretical speculation in matters scientific, contenting ourselves by noting that the deduction of a law from the observation of a series of phenomena involves some such mental process. The sense in which Dr. Boger uses the words "clinical symptomatology" needs consideration.

The title *Materia Medica Pura* is recognised as conveying the pure effects of medicinal materials—that is to say, the effects of drugs on healthy bodies; and that title connotes one of the prime essentials of true homœopathy. A law which proclaims a cure as following the exhibition of a drug capable of producing symptoms similar to those of the disease, by its very terminology demands that the drug-symptoms

used in the selection of the remedy should be observed in bodies themselves free from disease—and such effects only can be accepted as satisfying the requirements of homœopathy in their strictest sense. Of this the founder of homœopathy, the discoverer of its law, was well assured when he wrote, “In those experiments which have been made by myself and my disciples, every care has been taken to secure the true and full action of the medicines. Our provings have been made upon persons in perfect health, and living in contentment and comparative ease.” [(Footnote) Preface to *Materia Medica Pura*.]

It is difficult to write of this subject without half-unconsciously paraphrasing the two memorable chapters “On the Sources of the Homœopathic *Materia Medica*” in Dr. Richard Hughes’ “Pharmacodynamics.” It is to be hoped that the history which these chapters tell is fresh in the memory of our readers, and that it is unnecessary for us to recapitulate how Hahnemann, expelled from Leipsic, found refuge at the Grand-ducal court of Coethen, and practised almost exclusively among those suffering from chronic disorders; how, from a consideration of many such cases, he evolved his later theories of the nature of chronic disease; and how he relied largely in the compilation of his *Chronischen Krankheiten* upon the effects which he had attributed to medication in his observations upon such cases. Nor is it necessary that we should examine afresh the very questionable sources from which he quoted the observations of others. It will suffice to say that candid enquirers have usually come to the conclusion that very different values must be attached to the symptoms originating in the periods of the *Materia Medica Pura* and of the *Chronic Diseases* respectively. While the effects of drugs or poisons upon the healthy are generally recognised as *pure* and positive, those attributed to the action of drugs upon the diseased have a less assured value, and are known as *clinical* symptoms.

Now, while members of our school differ as to the exact amount of relative value to be given to these two classes of symptoms, the second class of them are, as we have said, recognised as *clinical*, and the comparative prevalence of this second class in the symptomatology of Hahnemann’s *Chronic Diseases* is a matter of common knowledge. We can therefore scarcely suppose that, in a preface to a Repertory almost exclusively based upon the *Chronic Diseases*, the translator would deprecate a “clinical symptomatology,” if he used those words in the sense that we have defined above. In casting about for some other sense in which the words are intended, it appears probable that they refer to the methods of clinical

investigation at present in use, and that the warning is intended to apply to the examination of drug-effects according to such methods. That the work under notice is expressed in terms of sixty years ago is not wonderful, seeing that it is a translation of observations made at that date; and the symptomatology (in so far as it is the genuine effect of drug action) is true, though not expressed in the language of to-day. But we fear that the welcome which the book will receive is prejudiced by the unsupported value of many symptoms in its source, and that the fact that its language is not that in which the prescribing physician of to-day thinks will not improve it. The observation that urine was found grey, greenish, or red in provers of certain drugs may be correct enough; the prescriber of to-day wants to know the meaning of the observed phenomena, and how far that meaning tallies with the known effects of the disease for which he is to prescribe; and it is too late to deprecate such a wish on his part.

In considering Dr. Boger's preface, we have been led into some estimate of the work which he has translated. For the manner in which he has performed his task, we would tender him our hearty thanks. How great was the labour involved we can guess; the result of his perseverance and devotion we can see. He has rendered a classic of our literature accessible to the English-reading homœopath.

Electro-Therapeutics and X-Rays, by Dr. CHARLES SINCLAIRE ELLIOTT. Philadelphia, Pa. Boericke & Tafel, 1900; pp. 349; \$2.50.

HERE we have an addition to that excellent series of manuals by means of which Messrs. Boericke & Tafel bid fair to make homœopaths independent of external assistance in literary matters, so far as the practice of their profession is concerned. It has suited the aim of the more narrow-minded critics on the side of traditional medicine to represent the homœopath as only excused by his ignorance; but it has only been possible to maintain this attitude by means of wilful blindness to facts. The true homœopath has ever been vitally interested in science, and his services have been many and great. Before his great demonstration of the law of similars, Hahnemann was recognized as one of the most deeply-read and practically efficient scientific men of his age and country. His investigations concerning the adulteration of wine and of drugs generally made him a great authority as a chemist and pharmacist. The researches of Dr. Blackley on the ætiology of hay fever, and of Dr. Dudgeon in the graphic recording of pulse conditions, are modern instances that the recognition of

a therapeutic law does not necessarily dwarf the intellect, and a *catena* of eminent scientists among homœopaths might be compiled. Our trans-Atlantic cousins are constantly giving evidence to the same effect, and are providing us with works which may be confidently compared with those produced by the predominant school, with this advantage—that they have a central idea running through them.

While our adversaries are ever ready to twit us with the narrowness of our therapeutic creed, they seldom miss an opportunity for pointing out that in strictness we should consider ourselves debarred from the use of all adjuvant measures not obviously the outcome of the homœopathic law. In this way attempts have been made to persuade the disciples of Hahnemann to abandon their birthright in surgery, pathology, and even thorough investigation of their patients. Some of the weaker brethren have yielded to such counsel from time to time, it is to be feared; but the broader lines of general medical education and a more just view of the limitations of purely medicinal treatment leave us, year by year, fewer survivals among those who pretend to think that the science and art of medicine stopped short at the death of their master.

Such reflections naturally arise as we open a work from the hand of a professor of nervous and mental diseases and electro-therapeutics in a homœopathic university; and we rejoice to see that men are not wanting to homœopathy who are capable not only of practising, but of teaching also the advanced science of to-day. For this is a book which gives evidence of the possession both of knowledge and of the talent for imparting it.

"The chief object of this work," we are told, "is to place before the student and practitioner a 'Materia Medica' of electricity, if we may be allowed the use of the term, that is, to place before them, in as brief, plain and simple a method as possible, the best and latest methods of applying the various currents. The plan pursued is first to give each current and the *general* indications calling for that particular current; second, taking up the various diseases to which electricity is applicable, and giving the *special* current called for, its strength, duration of sitting and frequency of application in as far as is practicable." It is clear that the systematic pursuit of such a plan makes the original learning of the subject orderly and easy, and that it has the further advantage of providing a useful work of reference to the general practitioner who desires some guidance in details.

Electro-therapeutics has suffered from the excessive enthusiasm of its advocates. Dr. Elliott wisely abstains from

discrediting the genuine and wide field of its applicability by advancing claims which use and experience will not substantiate. "Too much" he says "is often expected of electricity; we must not expect from electricity that which it does not, or cannot accomplish. We must not expect it to perform miracles, to relieve or cure affections in a few days that have resisted all forms of medication. We must not expect electricity to replace sclerosis with normal nerve tissue, or that hopeless incurable paraplegics may be caused to walk. Electricity (he adds) should not be depended upon alone to cure a case, but should be judiciously used in connection with internal remedies In many instances it will pave the way for, or act as a supplement to the indicated remedy." These are the words of moderation and experience, two qualities which we recognize often throughout the book.

Referring to that vexed ground for the energies of the electro-therapeutist, the uterine fibroid, we find great care expended in the determination of what cases are, and what are not, suitable for this special treatment. From certain cases, those complicated by acute or suppurative peri-uterine accompaniments, and the fibro-cystic growths, the electrician is warned of in no uncertain language; on the other hand, interstitial myomata give excellent results when treated by galvano-cauterization; galvano-puncture should be reserved for well-selected cases not benefited by the former. Where a cure cannot be expected, Dr. Elliott believes that electricity will relieve pain, pressure symptoms and hæmorrhage, and that it removes many cases from an inoperable state by improving the general condition of the patient. This is a subject upon which much unprofitable and (it is to be feared) not altogether disinterested writing has been done, and Dr. Elliott's studied moderation and reasonableness will do something to restore shaken confidence in a legitimate application of electric methods.

The work concludes with some seventy pages devoted to radiography. Here, as in the preceding portion, the instructions given are exceedingly practical and helpful. Those who are already conversant with the routine of electro-therapeutics will benefit by the experience which underlies every statement; for those who desire a safe guide to the initial study of the subject, the attention which Dr. Elliott devotes to detail, and his knowledge of just where to offer help, give his work a very high value.

The book is well printed, and the choice of illustrations is sufficient without over-burdening the text. The work is one which we take a cordial pleasure in recommending to our readers.

The Physician's Diary and Case Book for 1901. Keene & Ashwell, London, W.

WE have received a copy of the above, and have, once more, pleasure in advising our colleagues to procure a copy. It is an indispensable article for the consulting-room, and contains much useful general information.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

At the third meeting of the session 1900-01, held at the London Homœopathic Hospital, on Thursday, December 6th, 1900, the appearance of Mr. Dudley Wright, President, in the chair, after his recent illness, was the subject of general congratulation.

Dr. William Warren, of Stoke Newington and Collins Street, Melbourne, was elected a member of the Society.

SECTION OF MATERIA MEDICA AND THERAPEUTICS.

A paper was read by Dr. John McLachlan, of Oxford, on Petroleum, in which he dealt with the following aspects of the subject.

1.—The *Synonyms*, which are Earth-oil, Rock-oil, Naphtha, Mineral-oil, Eidöl, Steinöl, Huile de pierre, Bitume liquid.

2.—*Distribution*. Petroleum is found in large quantities in the United States, in the Caucasus, and in the country at the mouth of the Danube, in Burmah and Galicia, and it has also been found in Persia, the West Indian Islands, Italy, parts of Germany, Switzerland, China, India, France and England.

3.—*Varieties*. (1,) American Oil.

(2,) Russian Oil.

(3,) That found in Germany and Galicia.

(4,) Burmese Oil.

America supplies a larger quantity of petroleum than all the rest of the world put together. In the State of New York it was known to the aborigines and was collected for medicinal purposes under the name of "Seneca Oil." Russian petroleum is a more complicated mixture than the American product, while the German and Galician petroleum is characterized by the presence of a large amount of *aromatic hydrocarbons*.

4.—The Physical and Chemical *Origin of Petroleum*. The popular idea has been that it was distilled by subterranean heat from the beds of coal, leaving a residue of anthracite, but

Mendeléeff, who has given considerable attention to the subject, has strong reasons for believing that mineral oils have not been produced like coal from the decomposition of past vegetation, but that it is formed in the depths of the earth beneath the very site where it is found, since it cannot be water-borne.

Two points would be of special interest; (1,) The source of the petroleum used by Hahnemann in his provings; (2,) The source whence the chemists of the present day procured their petroleum.

5.—*Its use as a therapeutic agent.* An account was given of a case where petroleum was particularly successful in pruritus ani, and allusion was made to the deeply-seated popular belief in the virtues of petroleum as a "hair restorer" and as a local remedy in chilblains, as well as to the more recent suggestion of it as a preventive of malarial fevers, it being fatal both to the mosquito and its larva.

An interesting discussion followed the reading of the paper, in which the following Fellows and Members took part: Drs. Blackley, Moir, McNish, Epps, Johnstone, W. Roche, Goldsbrough, Mr. Knox Shaw, Drs. Burford, Vincent Green, Newbury (Plymouth), Spencer Cox and Lambert; and Dr. McLachlan replied.

LIVERPOOL BRANCH.

THE third meeting of the session was held in the Hahnemann Hospital, on Thursday, December 13th. Dr. Gordon Smith occupied the chair, and was supported by a fair attendance of members.

Dr. Sidney Whitaker was unanimously elected a member of the Society, and of the Liverpool branch.

The paper of the evening was on "The Value of Subjective Symptoms," and was read by Dr. Watson. The following is a short synopsis of the contents of the paper:—

(1,) Hahnemann's contribution to the formation of the science and art of medicine, notably the dynamic theory of disease and his generalisation as to the method of eliciting the curative action of drugs, which gave birth to the Homoeopathic Materia Medica.

(2,) Subjective symptoms defined and the definition somewhat amended and extended, so as to include all mental and moral symptoms presented by the patient.

(3,) The hypothesis of a physical relationship subsisting between the brain and the mental and moral qualities of man, was advanced and substantiated from clinical facts as well as from the consideration of the facts of evolution.

(4.) The influence of drugs upon mental and moral qualities; examples adduced from literature from allopathic practice, from amongst the ranks of asylum patients, but all these outclassed by the method of provings.

(5.) Mental and moral aspects of disease, not as met with in extreme cases of insanity, but as part of the disease picture in ordinary every-day practice—especially marked in cases of so-called hysteria.

(6.) and lastly, a short paragraph dealing with the place of subjective symptoms—including mental and moral—in treatment.

Subjective symptoms, by their mere presence in the disease-picture, merit just as much consideration as any other symptoms.

The discussion which followed was unfortunately curtailed by the lateness of the hour.

NOTABILIA.

POISONING BY COCAIN—A FATAL CASE.

THE literature of cocain poisoning is so scanty that the following case is of very considerable interest, though the details as to the quantity and mode of taking the drug during a period of about two years are necessarily incomplete.

The patient was a young married lady, aged 22 years, who was eight months advanced in pregnancy, and whom I had been attending for some time. Owing to previous miscarriages she had been kept chiefly in a reclining position, which precluded her to some extent from seeing many visitors, and this seemed partly to account for the depression of spirits, which was very marked during the last few months of life.

I last saw the patient alive about 5 p.m. one evening, when she was in good health and spirits, and in talking about her approaching confinement was eagerly looking forward to having a living child.

About 4 a.m. next morning, being urgently summoned, I found her dead on my arrival. Her husband informed me that they had retired to bed between 11 and 12 the previous night, and that his wife was then in good health and spirits. About 3 a.m. he was awakened by hearing a noise as of someone falling, and found her lying on the floor, unable to speak and apparently unconscious, though the eyes looked at him vacantly. She was faint and cold, and blue about the lips. In a few minutes there was twitching of the face and both extremities; the breathing at first was good, but shortly

became shallow, and death took place in about fifteen minutes. The cause of death was at first not obvious, but on looking round I found by her bedside a piece of paper which was labelled "Cocain." This was empty, and on inquiry at a chemist's we found that the patient had obtained 30 grains from him the day before, and this she had evidently taken.

Thorough sifting of matters disclosed the following previous state of things. As regards the obtaining of the cocain, it was found that a messenger had been sent to a chemist's for it at least twice a week, under strict orders as to secrecy. This had been going on for about two years, at the beginning of which time it was known the patient used a little to rub on the gums for toothache. No suspicion of cocain habit had been aroused, but since her death papers have been found showing that in January and February, 1899, she was obtaining the drug at the rate of 3ij-3iv every few days. Between January 4th and February 7th, 1899, the total amount obtained from one chemist was 6½ ounces, which works out to about 80 grains *per diem*. I can get no record as to the amount obtained since then, but from the number of powder papers found and the value of the cocain stated on them, it is evident that the drug had been taken on a large scale.

As to the symptoms that occurred during the six months previous to her death, the chief ones noticed were enlarged pupils, a good deal of nausea, and at times great depression of spirits. Her husband also tells me that latterly she had required far more stimulants than ever before, though she had no real craving for alcohol, but was constantly thirsty, especially in a morning, when she often had to take much water or lemonade. About six months before death she had an attack (which I did not see) described as "a very bad faint," and it seems probable in the light of subsequent events that this may have been due to excess of cocain, as the symptoms were somewhat similar to those of the fatal attack.

The chief points in this case to draw attention to are :—

1. The beginning of the habit: This arose from a friend's advice to the patient to rub a little of the cocain on the gum for toothache. The feelings of relief afforded by this, mental as well as physical, evidently induced a continuance of the habit.
2. The ease with which the drug was obtained in such large quantities points to the necessity for including it in the list of those the sale of which is restricted.
3. The symptoms during the last six months or so of life, which were noticed, but not attributed to their true cause, were: dizziness, nausea, and at times vomiting, dilated pupils, attacks of faintness, increased thirst, and desire for stimulants,

varying moods of temper, viz., at times in very good spirits (her natural state before this illness) alternating with attacks of depression, often severe.

* 4. As regards the amount of cocain taken, though the usual dose is from $\frac{1}{2}$ –2 grains, the patient took it latterly at the rate of from 30 grains to at least 60 grains per diem, and possibly more. As to the fatal amount, it was at least 30 grains, almost certainly taken in one dose; and it is quite probable that some had also been taken earlier in the evening.

The above are the salient features of this case. It is a matter for much regret that the symptoms due to the drug were masked by and mistaken for those due to her pregnant condition.—*Quarterly Medical Journal*, May, 1900.

POISONING BY BORIC ACID.

DR. HANDFORD reports (*British Medical Journal*, No. 24, 1900) a case of non-malignant pyloric stricture in which the stomach was washed out with warm boric acid solution (1 in 60), about $2\frac{1}{2}$ pints being used, two or three times, for six days. The stomach was emptied of the solution as far as was practical. On the sixth day (April 25th) "An erythematous rash appeared upon the face and back. The skin was reddened, swollen and thickened in broad patches, and there was much itching. Plain water was substituted for boric acid solution for washing out the stomach, and the rash disappeared in two days. From April 27th to April 30th boric acid solution of a strength of 1 in 200 was used. On the morning of April 29th there was a little redness on the elbows, and by April 30th the erythema had spread to the back of the neck, eyelids, lower part of the back, and thighs. The use of boric acid was stopped, and the rash entirely disappeared by the morning of May 3rd.

"The patient stated that he had not before suffered from a similar, or indeed any, rash, although the stomach had been washed out frequently for three months and a half previously, but without the employment of boric acid. He was kept under observation for another week without the recurrence of the erythema, and then transferred to the surgical wards on May 10th."

A pyloroplasty was performed on May 11th, and inspection of the stomach showed no lesion that could be attributed to the action of the acid.

A similar but more severe case, in which the pleural cavity was irrigated with 15 quarts of a 5 per cent. solution, and which terminated fatally, is recorded in the *Cyclopædia of Drug Pathogenesis*.

A MODERN PROVING.

So recently as in our obituary notice of the late Sir Henry Acland,* we were commenting upon the desire for certain knowledge on the subject of drug-action upon the healthy, as from time to time expressed by men of light and leading in the school of traditional medicine, and upon the fact that such desire had not led to any definite or useful result. As happens not infrequently, the reproach of corporate inaction has been removed by private and individual effort. In the fasciculus of the *Journal of Physiology*, issued August 29th, 1900, we find an account of a most interesting experiment made upon two approximately healthy men, to determine "the influence of sodium salicylate on general metabolism."

It will be generally remembered that the function of this drug with regard to the output of uric acid has been the subject of wide differences of opinion; some holding that the elimination was increased, others that it was diminished, by the drug, while Latham held that the very formation of uric acid was inhibited by the presence of salicylates in the body. A similar divergence of views obtained concerning the elaboration and excretion of urea. It was to settle these important but "still-vex't" questions that Dr. Goodbody, Assistant Professor of Pathological Chemistry to the University College, London, carried out the experiments under notice in the laboratory of the college, helped to that end by a grant from the British Medical Association.

There were two subjects or provers. The first of these "had a tendency to excessive secretion of uric acid as well as a tendency to gravel"; the second was free from any tendency to such troubles. It is instructive to notice how much of the pains expended upon the experiment was devoted to obtaining results free from the suspicion of accident. The subjects were weighed, the quantity of water taken was controlled, their diet was weighed, analysed and (as regards the meat) sterilized. The urine was collected, measured and estimated as regards specific gravity, total nitrogen, urea, uric acid and ammonia. The fæces were collected, weighed, dried and analysed quantitatively as regards water, nitrogen and fat. The amount of muscular exercise taken during the experiment was equalized as far as was possible. These preliminaries were carefully carried out for six days and the results noted. It will readily be seen that valuable *data* for comparison were provided, for not only was the actual output of the various components of secretions with and without the drug comparable,

* *M.H.R.*, vol. xlv, p. 702.

but it was also possible to determine the variations in absorption of fat and nitrogen respectively under the two conditions. With what scrupulous care the diet of solid and fluid was treated, may be gathered from a glance at the Tables provided as an appendix to Dr. Goodbody's paper. It will be seen that the quantities of nitrogen, fat and carbohydrates, as well as of fluid, were kept absolutely without deviation throughout.

Their normal standards in the different particulars under the standardized diet, having been determined by observations during six days, the first prover proceeded to take one gramme of sodium salicylate divided into three doses, taken after meals, for a period of four days. Thereafter he took double the quantity of the drug for nine days; diet and exercise being maintained as before. *B*, the second prover, took two grammes of the salicylate for nine days.

Such being a resumé of the conditions of the experiment, we may turn to the results.

Urinalysis.—

		<i>A.</i>	<i>B.</i>
Average quantity in c.c.	{ Normal period	1492	1255
	{ Under 1 gramme of salicylate	1473	—
	{ „ 2 grammes „	1540	1291
Average specific gravity.	{ Normal period	1·020	1·021
	{ Under 1 gramme of salicylate	1·021	—
	{ „ 2 grammes „	1·022	1·024
Average total nitro- gen in grammes.	{ Normal period	21·51	16·82
	{ Under 1 gramme of salicylate	22·88	—
	{ „ 2 grammes „	23·85	18·81
Average urea in grammes.	{ Normal period	38·74	32·09
	{ Under 1 gramme of salicylate	42·01	—
	{ „ 2 grammes „	43·44	35·13
Average uric acid in grammes.	{ Normal period	0·679	0·779
	{ Under 1 gramme of salicylate	0·614	—
	{ „ 2 grammes „	0·929	0·857
Average ammonia in grammes.	{ Normal period	0·119	0·304
	{ Under 1 gramme of salicylate	0·263	—
	{ „ 2 grammes „	0·297	0·404

From these figures we may infer that sodium salicylate definitely increases the output of both the fluid and the solids of the urine; that the increase in total solids is largely contributed to by an increase of urea, to a relatively less extent by an increase in the excretion of uric acid. Dr. Goodbody says: “since this increased elimination continued, more or less, during the nine days,” (under two grammes of the salicylate per diem,) “it shows, in all probability, that there was an increased formation of uric acid; although naturally it is difficult to

explain why there should be an increased formation of uric acid, unless sodium salicylate causes a leucocytosis". It seems a pity that the existence or non-existence of leucocytosis should not have been demonstrated. If its existence had been shown, Dr. Alexander Haig's theory of the retention of uric acid in the spleen, joints, etc., would have been doomed, for it is upon this theory that his teaching with regard to "uric acid in the causation of disease" is based.

Dr. Goodbody gives satisfactory reasons, in the body of his paper, for supposing that the increase of ammonia, coincident with an increase of urea, is due to a larger amount of proteids being broken up in the organism; acids thus formed dispossess the carbamic acid of the ammonia combined with it in the blood and so prevent as much carbamate of ammonia from being converted into urea as would otherwise be the case.

The analysis of the Fæces gave the following results.—

		A.	B.
Average quantity in grammes.	Normal period	152	119
	Under 1 gramme of salicylate	117	—
	„ 2 grammes „	141	95
Average percent- age of water in fæces.	Normal period	73·72	76·83
	Under 1 gramme of salicylate	74·02	—
	„ 2 grammes „	73·24	70·78
Average nitrogen in grammes.	Normal period	1·93	1·68
	Under 1 gramme of salicylate	1·46	—
	„ 2 grammes „	2·03	1·50
Average fat in grammes.	Normal period	5·76	4·86
	Under 1 gramme of salicylate	4·56	—
	„ 2 grammes „	6·88	4·93

By subtracting the amount of nitrogen and fat excreted in the fæces from the known amount ingested in the food, Dr. Goodbody is able to establish that the salicylate in such doses as were taken, has no appreciable effect on the digestion and absorption of either proteid or fat. This fact is borne out by the slight variations of the provers' weights during the experiment.

The question of pulse tension was not investigated, apparently, and here again an opportunity of checking Dr. Haig's contentions is lost.

Such experiments as these by Dr. Goodbody are of the greatest importance to traditional medicine. Their results, indeed, constitute a valuable addition to pharmacology. To the homœopath nothing which bears upon the action of drugs is unimportant, and he must hail with approval every advance towards what is truly rational in that study. He must

recognize the investigation of such action upon the healthy as the necessary preliminary step to an accurate use of drugs in the diseased; and Dr. Goodbody's contribution may well suggest to him the method in which such investigations should be undertaken. By adding the subjective symptoms we already possess to the objective symptoms provided by Dr. Goodbody, we can construct a pathogenesis of sodium salicylate which we may reasonably regard as well-nigh perfect.

THE TREATMENT OF MALARIA BY HOMŒOPATHIC MEASURES.

ON Nov. 19th a meeting was held in the Exchange Buildings, Liverpool, under the auspices of the African Trade Section of the Liverpool Chamber of Commerce, to hear Dr. J. W. Hayward, of Birkenhead, honorary consulting physician to the Liverpool Hahnemann Hospital, upon the treatment of malaria. Mr. A. L. Jones, whose generosity and enterprise in the cause of tropical medicine is well known to our readers, took the chair. Dr. Hayward mentioned certain recipes for keeping off mosquitoes, gave his theories as to the use and value of quinine, and expressed a wish that the Liverpool Chamber of Commerce would get an appointment on the West Coast of Africa, in some malarious latitude, for a homœopathic practitioner. He said that mortality from blackwater fever under "allopathic medication" was appalling, and that chronic malaria would be extremely rare under homœopathic treatment. Mr. A. L. Jones thereupon promised to get "a qualified homœopathic medical man" a post on the West Coast. Mr. Jones is, in our opinion, doing a very imprudent thing in thus countenancing homœopathy. He will probably consider our view to be based upon narrow selfishness, whatever we say; but such have been the services of Liverpool to scientific medicine, that we cannot let these services be endangered without protest. Homœopathy is based upon theories exactly contradictory to medical knowledge, so that there can never be any common ground upon which a medical man and a homœopath can discuss a medical subject. Now, as medical men cannot work with homœopaths, and as all the men of any scientific position in the country are with the medical men, had not the Liverpool Chamber of Commerce better stick to the side whence it can always obtain a supply of sound assistance? By the way, there is not such a thing as a qualified homœopathic medical man, so that Mr. Jones has not committed himself to anything. A man can qualify in medicine, and become a homœopath; but he cannot qualify in homœopathy, for the General Council

of Medical Education and Registration does not recognise homœopathy.—*The Lancet*.

To the above annotation the following letter was sent as a reply.

To the Editors of the *Lancet*.

Gentlemen,—

“THE TREATMENT OF MALARIA WITH HOMŒOPATHIC
MEASURES.”

I thank you for your courtesy in sending me a copy of the *Lancet* of this day. Your doing so seems to imply that you expect from me some notice of your editorial referring to my paper before the Chamber of Commerce. If you have sent one to Mr. Jones also, perhaps he will be grateful for your unsolicited advice on his business matters; but I think I know him sufficiently well to tell you he will certainly, as you anticipate, “consider your view to be based upon narrow selfishness,” and not on narrow selfishness only, but on wilful prejudice and blind bigotry. I am sure he will see through the sophistry of your assertion that “there is not such a thing as a qualified homœopathic medical man.” He knows that such an assertion is a falsehood. He is also aware that you yourselves know very well that the expression “homœopathic medical man” means a medical man who practises homœopathically, and that you know that the medical men who practise homœopathically in this country are as legally qualified as you yourselves are. He also knows that it is not true that “medical men (*sic*) cannot work with homœopaths.” It is well known to be a fact that consultations frequently take place between the best of the Liverpool traditional practitioners and the homœopathic practitioners of the city.

You might have spared yourselves the snarling contrast between medical men and homœopaths, because it is too transparent for Liverpool merchants not to see through.

That the editors of an old medical journal should, at the end of the nineteenth century, assert that “homœopathy is based upon theories exactly contrary to medical knowledge” shows that medical editorial interests are stronger than the interests of truth.

You ought to publish this reply; but of course, in your editorial position, you can refuse to publish a reply to your wanton attack on homœopathy and your sophistical insinuations as to the status of medical men who practise homœopathically; but if you do, there are other channels for exposing your unfairness.

Nov. 24th, 1900. Yours truly, JOHN W. HAYWARD.
61, SHREWSBURY ROAD, BIRKENHEAD.

To this letter the following note was appended by the editor:—

“The prevention and treatment of tropical diseases are not Mr. A. L. Jones’s business matters, though his generosity and energy are being excellently employed in assisting the interests of science. We repeat that ‘there is not such a thing as a qualified homœopathic medical man.’ There is no sophistry in our words. Homœopathic practitioners attain their qualifications in medicine and surgery, and later become homœopaths. The insinuation that the qualifications upon which homœopaths have a place upon the Medical Register have been obtained by homœopathic work is more than a sophistry—it is a dishonest pretence. Mr. Parnell was a patriot according to his convictions, the idol of his followers, and the paramour of Mrs. O’Shea. But he was not the idol of his followers because he was the paramour of Mrs. O’Shea; and homœopaths are not on the Medical Register because of their therapeutic views. We do not know what a “traditional” practitioner is, but we shall be interested to receive proof that the leading medical men in Liverpool meet homœopaths in consultation. The exposure of our unfairness, as well as further correspondence on this subject generally, must be made in the ‘other channels’ referred to; we can give no more space to the matter.”

A notice of the essay by Dr. Hayward which gave rise to the foregoing “Annotation” and correspondence appears at page 739 of our last number.

The editor of the *Lancet* thinks that in being willing to appoint a qualified homœopathic medical man to proceed to the West Coast of Africa to endeavour to cure malaria, Mr. A. L. Jones is “doing a very imprudent thing.” But is he? Mr. Jones knows as well as anyone else does, and probably better than most, that a qualified non-homœopathic medical man is of comparatively little service in dealing with malarial diseases. Experience and observation have taught him thus much. Whatever else he may know about homœopathy, he knows that homœopathic medical men treat diseases after a totally different manner to those who know nothing of homœopathy. So that, from a simply common-sense point of view, the appointment of a qualified homœopathic medical man may give the malarial patients a chance of recovery they have never yet enjoyed.

The editor of the *Lancet* then makes the statement which has often appeared in its columns, without any attempt to prove it, that “homœopathy is based upon theories exactly contradictory to medical knowledge, so that there can never

be any common ground upon which a medical man and a homœopath can discuss a medical subject." This sentence was doubtless written by someone entirely ignorant of homœopathy. There was an occasion, twenty years or so ago, when the then editor of the *Lancet* did show a knowledge of homœopathy. In the *Lancet* of the 21st of May, 1881, occurs a leading article which begins by stating that "in the course of the recent controversy¹ arising out of considerations of ethical propriety in regard to the consultations of orthodox professors of scientific medicine with actual or reputed homœopathists, nothing has so much surprised us as the inexplicable ignorance which prevails, not only throughout the lay community, but among medical men, as to the nature and effect of 'homœopathy' and 'allopathy' as medical theories." The writer then proceeds to explain to his readers what homœopathy means, and as we remarked at the time, "the explanation is a very correct one" (vol. xxv., p. 387). Writes the *Lancet*, "The homœopathist says, 'I select a drug which, if given in a large dose to a healthy person, would produce symptoms like those of the case I am seeking to cure, and I give this drug, when found, in a small dose.' The ordinary practitioner asks, 'Why do you not give it in a large dose?' The homœopathist replies, 'Because it would increase the symptoms I desire to remedy.'" This is followed by an amusing discussion of the theory of the double or reverse action of drugs as explanatory of the action of small doses of medicine selected homœopathically, which the writer seemed to think as giving a finishing blow to homœopathy, and at the same time regarding the idea as quite an original device of his own. In doing so, he ignores the existence of Fletcher of Edinburgh, of Madden of London, and Sharp of Rugby, each of whom had set forth this theory very many years before 1881.

Again the *Lancet* asserts, and subsequently repeats the assertion, that there "is not such a thing as a qualified homœopathic medical man." In the present state of professional feeling we can understand a medical journalist displaying his ignorance of homœopathy; and remembering the prejudices of his subscribers, it is only good business for him to do so. But when doing so he is not called upon to represent himself abjectly silly as he plainly does in the sentence we have quoted. The excuse he gives for perpetrating such an absurdity is as follows: "A man can qualify in medicine and become a homœopath; but he cannot qualify in homœopathy,

¹ This refers to the altercations which arose about Dr. Kidd, Dr. Quain, and Sir W. Jenner meeting in consultation at the bedside of the Earl of Beaconsfield.

for the General Council of Medical Education and Registration does not recognise homœopathy." We are perfectly aware of this. The General Council of Medical Education and Registration consists of men who are eminent as pathologists and surgeons, but as therapeutists they are one and all weak, and know nothing of homœopathy; hence, they do not require the curricula of which they have the regulation to contain any study of homœopathy, neither do they of pharmacology, because, as the late Dr. Bristowe said, in his address on Medicine at the British Medical Association in 1881, "We must admit the truth of the homœopathic view of the relations between medicine and diseases before we can admit the special value of investigations conducted only on the healthy body."

The *Lancet* further says, "Medical men cannot work with homœopaths." But they do with "qualified homœopathic medical men." The eyes of the editor of the *Lancet* are closed and his ears stuffed against seeing or hearing anything respecting homœopathy or the doings or associations of "such things as qualified homœopathic medical men"!

AN APPEAL.

WE have pleasure in calling the attention of the charitably disposed to the following: "The Buchanan Hospital has been built and locally maintained at a cost of about £1,000 a year. Last year a sum of £1,000 was raised locally and an Out-patient Department added to the Hospital. Roughly speaking, the Hospital deals with 200 in-patients and 500 out-patients a year. It is now necessary to rail in the premises, and this is an expensive affair, but it is felt that in the circumstances many charitable people not locally connected would be willing to help in view of the funds already locally raised.

We ask them to assist us by sending us contributions of all kinds for sale at a Bazaar to be held in May or June next.

All such kindly gifts may be sent to any of the following, who will thankfully receive and acknowledge them, whether in kind or money:—

Rev. G. A. Foyster, All Saints' Rectory, Hastings; W. B. Liddiard, Esq., Buchanan Hospital, St. Leonards-on-Sea; Rev. F. G. Hughes, St. Peter's Vicarage, St. Leonards-on-Sea; Clowes Pritchard, Esq., Wellington Square, Hastings; F. Shaw, Esq., The Gables, Pevensey Road, St. Leonards-on-Sea.

The most acceptable contributions will be money—plain underclothing of all kinds, and any article saleable at a Bazaar.

PROPOSED HOMŒOPATHIC VETERINARY DISPENSARY.

It is most desirable in the interests of humanity that an acquaintance with the advantages of the principles and practice of homœopathy, in the alleviation of bodily suffering and the cure of disease, should be more generally made than appears to be the case at the present time among the people of Great Britain, and a very strong opinion prevails in the minds of some who have given earnest consideration to the subject, that the attainment of this end would be materially advanced, if the wonderful success which attends the application of the homœopathic principle among veterinary patients and animals generally, was better understood and more widely appreciated ; and in order to disseminate far and wide such knowledge among the various classes of the people whom it may concern, it is proposed to establish a Homœopathic Veterinary Dispensary, to be conducted under conditions that will secure all the advantages of a perfectly equipped *hospital*, at charges well within the means of all who use animals in the conduct of their daily business, however small and humble such business may be ; the services of fully-qualified members of the veterinary profession who possess a thoroughly practical knowledge of the principles of homœopathy being guaranteed.

The advantages of homœopathy in veterinary practice are very marked, among which may be enumerated the following, viz. :—

(1.) The readiness with which the systems of all classes of animals respond to the action of homœopathically prepared drugs ;

(2.) The facility of administering such drugs as compared with the nauseous mixtures of the allopathist ;

(3.) The saving of time effected by the prompter action of the homœopathically selected drugs, and consequent quicker cure ;

(4.) The saving in physical strength and vitality, the loss of which in ordinary allopathic treatment is generally observable in otherwise debilitating diseases ;

(5.) The saving of pain and suffering, frequently very unnecessarily inflicted ; homœopathic medical treatment superseding many surgical operations ;

(6.) The more successful conduct of important surgical operations under the combined influence of medical treatment ;

(7.) The advantages to owners of dogs and cats in household cleanliness by obviating the use of powerful drugs acting solely upon the evacuations ;

(8.) The more intelligent application of drugs among the

smaller domestic animals, including birds and pets generally, in place of the perfunctory practice of allopathy.

The foregoing are a few of the advantages which the adherents of homœopathy may safely anticipate in the application of these principles among the lower animals, in virtue of which the promoters of the proposal for the establishment of a veterinary dispensary feel themselves justified in appealing to all who have the welfare and interest of homœopathy at heart for their moral, practical and financial support.

The dispensary would be managed by a committee, to be elected in conjunction with the veterinary medical officers, and the *pro tem.* secretary and treasurer, and be conducted in suitable premises in the south-western district.

All enquiries and promises of assistance may be addressed to Mr. E. L. VINDEN, 1, Sydney Terrace, Fulham Road; or Messrs. HEADLAND & Co., Homœopathic Chemists, 68, Fulham Road, S.W.

MAGNESIUM SULPHATE IN THE SUMMER DIARRHŒAS OF CHILDREN.

SEVERAL years ago there went the rounds of the literature a few articles on the use of magnesium salts in dysentery. I read them, and paid but little attention to them then. But this summer I have been having some trouble with the various kinds of summer diarrhœas of children, and particularly with entero-colitis. *Mercurius dulcis* 2x, as recommended by Professor Goodno in his work, would act well whenever indicated by the greenish stools, but somehow this kind of patient has not been met with during the late summer and beginning of fall. The diarrhœa would begin as a "dyspeptic" diarrhœa, or one due to toxic fermentation. There would be vomiting of food and bile, and passage of copious yellowish, slimy and stinking stools, which later would become merely watery serum. This would, if unchecked, pass into an entero-colitis, with frequent slimy and blood-tinged stools. Here calomel is a favourite remedy in the second decimal trituration, repeated every one or two hours. I must say that I never have had much success with calomel unless the stools were greenish. At any rate, this latter drug did not seem to relieve these diarrhœas of an entero-colitic tendency, and in casting about for another I fell to thinking of magnesium sulphate. In speaking of it with various physicians, and particularly those of the old school, I found that some of them were in the habit of employing it in a saturated solution in dysenteric cases. I then commenced with a weaker one of about a half to one grain

to the teaspoonful, and found that it acted well. I noted that as soon as it had begun to bring a favourable influence to bear the stools would become bile-tinged, which was always a sign of commencing improvement; then, in the course of a day or so, the stool would become more and more mixed with bile, and thicker, until recovery would sooner or later follow. The capital point would be the copiousness of the stools, which seemed to point to a desire of nature to flush out the intestinal tract of some irritating toxic substance. Naturally, if this were continued for some time, the child would rapidly fail in strength and lose flesh.

Andrew Davidson speaks of magnesium sulphate being employed with success in Bengal for dysentery. At another place it is stated that the saline treatment is very popular in these bowel troubles in France.

Everyone knows who has taken a dose of "salts" what a copious stool of a watery consistency it will produce. Therefore, though the homœopathic provings of our drug are scanty, it has to me been of some value in these cases described.

There is a point in feeding to which it might be well to refer. Some German writer, Escherich, I believe, divides the stools of summer diarrhœa into acid and alkaline. In acid ones albuminoids agree, that is, albumin water and such foods; while if the discharges be alkaline these foods will not be tolerated. Then barley water I have found of the most service. Later, after a few days, a little milk may be added, the quantity of which may be gradually increased as the patient improves.—DR. PRITCHARD, in the *Hahnemannian Monthly*, Nov., 1900.

PHILLIPS MEMORIAL HOSPITAL CONCERT.

ONCE more the concert, whose charms have for years attracted to it lovers of beautiful song and music, has come and gone. There has been no diminution of attendance, no ultimate lack of support, no decrease of enthusiasm on the part of those thrilled anew by the voices of great singers and the skill of excelling players, no surcease of interest in the institution whose beneficent work the proceeds go to foster, and no lowering of the standard which has caused the organiser of the concerts, Mr. Lindsay Bell, and the committee working with him, to give them on a more munificent scale each succeeding year. Yet although the supporters of the Phillips Memorial Hospital are no less numerous, nor the recognition of its good work abated, the competition of several important concerts which have preceded theirs has thrown an

extra burden of responsibility upon the managers. That all difficulties have been so magnificently surmounted is eminently gratifying and satisfactory, and we think we shall not be wrong in attributing much of this success to the devotion and untiring effort of Mr. Lindsay Bell himself, who serves the cause he has at heart so well in this way. Committee, officials, doctors, all have helped most assiduously. Effort, work and labour, however, will be counted as well expended if the resultant benefit to the hospital reaches the handsome figures which these concerts have hitherto been the means of adding to its funds.

The concert took place on Wednesday evening, in the Grand Hall, Bromley, the artists present including Madame Ella Russell, Miss Ada Crossley, Mons. Johannes Wolff, Mr. John Thomas, etc. That superbly dramatic singer, Madame Ella Russell, sang the "Jewel Song" from Gounod's *Faust*, and the audience paid homage, in thunderous applause, to the magnificent rendering of the vocal gem which for decades has been the study of great singers. For an emphatically demanded encore she gave most charmingly "'Twas within a mile of Edinboro' town." Where music and words meet on the same high plane of poetic inspiration, and both are interpreted by a great artist, the outburst of admiration and emphatic demand to hear the singer again is fitting tribute to the artist, and worthy of the audience. These were the conditions in Sir Arthur Sullivan's "Let me dream again," which Madame Ella Russell sang later in the programme, and which elicited fervent expressions of appreciation, and a demand that she should sing once more, a request to which she kindly acceded. Miss Ada Crossley endears herself the more to her audiences each time she appears. She charmed all who listened to her on Wednesday with the sweetness and richness of her voice and her great artistic powers. For a first piece she sang, with tenderest feeling, the air "Caro mia ben," and for a second "Love the Pedlar." She was rapturously applauded in both instances, nor would the audience cease expressing their wishes until other ballads were sung by her, the last, "On the banks of Allan Water," being exquisitely rendered. Miss Louie Morrell, the new Australian mezzo-soprano, was heard in Francis Allitsen's "Song of Thanksgiving," and Cowen's "The Swallows." She sang with artistic power and splendidly clear enunciation, and the audience would have had her repeat Cowen's popular song. Time, however, forbade this. Mr. Charles Copland expressed all the beauty of H. G. Pélissier's "Awake," a perfect rendering of this poetic selection sustaining to the full the eulogistic things which have been written

of him in other places, and enabling Bromley to join in the chorus of his praises. He was just as much at home in, and most deliciously phrased, a selection of opposite sentiment, "The Vicar's Song," from *The Sorcerer*. Mr. Ley Vernon's choice fell upon Hawley's "The Sweetest Flower," Landon Ronald's "When Butterflies return," and Tosti's "My Dream," the latter especially being sung with clearness and effect. Mons. Johannes Wolff again enchanted the senses of his listeners with his violin solos. Who can tire of Wieniawski's "Airs Russes" and "Mazurka" while they flow from beneath this artist's fingers? Mons. Wolff revels in overtones and harmonics, and takes flights into those regions with the ease that is characteristic of him in whatever part of the register he may be playing. On Wednesday night instrument and instrumentalist seemed effaced in the etherealised tones he produced, their pure beauty claiming undivided sway. Mons. Wolff also played a Serenade by Tschaikowski, the breadth of its treatment, and the pure, full tone which marked it, showing the artist's powers in this direction also to be equally fine. Tumultuous applause rewarded him, and encores were demanded and given. The Queen's harpist, Mr. John Thomas, played examples of his own poetic and melodious compositions. He, too, could not fail to be satisfied with the expressions of admiration which his executive and interpretive skill drew from the audience. His selections were "Autumn" and "Echoes of the Waterfall," and he was recalled to play again after each piece. The Liedertafel Glee Singers, Messrs. Arthur Burford, Wallace Kennedy, Bingley Shaw and Charles Hinchcliff, secured much favour as well as encores for what they sang. Their humorous selections were thoroughly well presented, and held the house in merriment, while the ensemble in "Hark, the Nightingale," was a crown to their efforts. Mr. F. A. Sewell and Mr. F. Lewis Thomas undertook the duty of accompanying, duties most efficiently performed.—*Bromley and District Times*, Nov. 30th, 1900.

UNCONSCIOUS HOMŒOPATHY.

THE following letter appears in the *Brit. Med. Journal* of November 10th. Besides the hypnotic action of apomorphine being new, its special interest to homœopaths is that the drug instead of producing vomiting, as was intended, had the reverse effect, namely, checking the "ineffectual retching," as stated in last sentence. The italics are ours. But Mr. Adams seems to see nothing more in this than a "curious" result. How long will the old-school be blind to the obvious meaning of certain facts? and remain ignorant of the fact

that apomorphine is one of our most reliable remedies in the homœopathic treatment of sickness and vomiting, because in full doses it produces nausea and vomiting?

"The summary of Douglas's paper in *Merck's Archiv*, published in the *Epitome of the British Medical Journal* for October 20th, par. 173, recalls an experience of the hypnotic properties of apomorphine which may perhaps be of interest.

"Some little while ago I was called to see a middle-aged woman who, by her excitable and restless behaviour (due to alcohol) was causing no little inconvenience to those in her immediate neighbourhood. As a first step I deemed it would be advantageous if she and some of her unabsorbed alcohol could be made to part company. To this end I decided to administer apomorphine, declining the siphon from, I fear, not altogether disinterested motives. A hypodermic injection containing gr. $\frac{1}{16}$ of this drug was accordingly given. The expected, however, did not occur. In about twenty minutes she was quietly sleeping, much to the relief of her friends and the surprise of her medical attendant.

"The dose, it will be noticed, though smaller than usual, is yet double that mentioned in the paper referred to above, and its hypnotic effect in this case is rendered the more curious by reason of the fact that *so far from aiding the ineffectual retching which was present, this latter was quelled by its exhibition.*"

THE HÆMOSTATIC EFFECT OF NAUSEA.

THE following paragraph from the *Lancet* (May 11th, 1899) has been sent to us by a correspondent.

"At the meeting of the Society of Biology (Paris), held on October 21st, Dr. Onimus gave an account of some very original observations which he had recently made. A patient of his, a young man suffering from phthisis, had told him that he had found that the only way to stop himself from spitting blood was to go out on the sea when it was rough and that the sea-sickness thus produced always stopped his hæmorrhage. Dr. Onimus compared this experience with the well-known effect of ipecacuanha, except, of course, in cases where the hæmorrhage comes from a large vessel at the bottom of a deep cavity. He then determined to apply the treatment in cases of hæmorrhage due to another cause. In the case of certain women who had no obvious organic lesion but who suffered from profuse menorrhagia he prescribed that they should take every two hours, until they began to feel sick, a cachet containing 10 centigrammes (one and a half grains) of Dover's

powder with the addition of one centigramme (from one-sixth to one-eighth of a grain) of ipecacuanha. During the interval between the periods the patients took every evening at bedtime a similar cachet. The results surpassed his expectations, for the periods became quite normal, a condition the patients had not experienced for years."

The lowered heart action of nausea is an old if expensive expedient for the arrest of hæmorrhage. The homœopathicity of ipecacuanha to certain forms of menorrhagia has been recognised for several generations. It is, however, quite unnecessary to fortify Dover's powder with more than its rightful *quantum* of ipecacuanha for this purpose. The right drug, alone and in sufficiently small quantity, will "touch the spot" with great certainty and celerity.

THE DIAGNOSIS OF DIPHTHERIA.

THE following paper, under the above title, by H. B. Donkin, M.D., F.R.C.P., Consulting Physician to the Westminster Hospital, and to the East London Hospital for Children, Shadwell, appears in the *Brit. Med. Journ.* for November 3rd, 1900, and as it is well worth careful thought, we extract it entire.

"The question of the respective rôles of the physician and pathologist in the diagnosis of diphtheria, which is so ably discussed in Dr. Andrewes's paper reported in the *Brit. Med. Journ.* of September 29th, is one of the highest practical importance, as well as of great scientific interest. In these days many educated and thoughtful laymen, whether privately interested in this and kindred matters, or, as public men, charged with the ordering of schools and other institutions, are quite as well acquainted as the average medical man with the discoveries of modern bacteriology. It is imperatively necessary, then, in the cause of rightful practice, that the real bearings of the bacteriological factor on diagnosis be clearly understood by the medical profession at large, and plainly and frankly stated, when stated at all, to the intelligent public.

"To this end, as regards diphtheria at least, the well-argued paper by Dr. Andrewes above referred to appears to be of a value which cannot be over-rated, and is worthy of widespread and serious notice. After giving in detail and step by step the clearest reasons for not placing absolute reliance on any of the bacteriological tests in the diagnosis of diphtheria, including even those of inoculation and control experiments with antitoxin upon animals, Dr. Andrewes practically sums

up with the following dictum which was endorsed by subsequent expert speakers at the discussion: 'In every case the ultimate responsibility of diagnosis must rest with the physician and not with the bacteriologist.'

"Now it is not to be denied that ever since the time when, partly as the result of the theories of the identity of 'croup' and 'diphtheria,' and of the universally 'diphtherial' nature of 'membranous deposits,' which increasingly pervaded the schools, men were led to seek more diligently, and at last to find what is believed to be the specific and causal bacillus of diphtheria, the growing and almost unopposed tendency has been for the physician to throw the ultimate responsibility of diagnosis in this disease upon the bacteriologist. This practice has now, indeed, spread so widely that it is not too much to say that the average doctor regards the exclusively bacteriological diagnosis of diphtheria as part of his scientific creed, abolishing the multiform and confessed difficulties met with along the thorny path of clinical observation, and substituting therefor a royal and simple road to a definite result. Nor is it perhaps only to a laudable desire of welcoming the new fruits of scientific research that this recent belief and practice are attributable, but also, it would seem, to that love of finality in inquiry, and that tendency to avoid difficulties and responsibility which mark the minds of many, if not most, men of all sorts.

"In my experience I have come across several instances, similar to that striking one adduced by Dr. Andrewes, of more or less disastrous results arising from the custom of doctors to cast all their cares on the bacteriologists and to place implicit trust in their pronouncements. It is doubtless true, as Dr. Andrewes says, that the physician may often supply imperfect information to the bacteriologist, and misinterpret and misapply the report he receives; and, on the other hand, it is to be remembered that not every bacteriologist is so philosophic and explicit as Dr. Andrewes. Wherever the fault mainly lies, the errors arising from this misplaced faith are not to be ignored; and the conclusion that a case is not diphtheria which afterwards is proved to be so, with all its disastrous consequences, is only more deplorable than the opposite mistake of causing vain panic and sometimes money losses of the gravest kind by giving a false alarm of diphtheria. It would be of great interest to know, for example, the extent of the injury done to the proprietor of that school, where, as Dr. Andrewes tells us, several healthy boys with healthy throats and noses were stated by several bacteriologists to be the hosts of diphtheria bacilli, or of bacilli 'morphologically indistinguishable' therefrom. A school might well be ruined by

such a mishap as this, which is plainly and only attributable to an ill-informed and over-weening faith on the part of either schoolmaster or doctor, or both, in what to them is one of the new things in science.

"Every word of Dr. Andrewes's invaluable paper might be usefully studied and weighed, not only by doctors, but also by all intelligent people, especially those connected with public institutions of all kinds where human beings congregate. The remarks, also, of Dr. Klein and of Dr. T. D. Lister are worthy of close attention. I well remember the series of careful observations made by Dr. Lister not many years ago, in the wards and laboratory of the East London Hospital for Children—some of the latter ones at my request—and I can add to his remarks that he found what both he and other skilled observers pronounced to be the Klebs-Loeffler organism, and not another, in the noses of several children neither suspected of diphtheria nor subsequently its victims—noses, moreover, of which some 'ran' or 'snuffled' more or less, some not at all.

"It is not, of course, to be doubted that from time to time and in certain cases the bacteriological factor is important in the diagnosis of diphtheria, and, among other lessons, this method of research has taught us that we have very good cause to adhere, as some of us have always adhered, to the belief that not all membranous cases of laryngitis or sore throat are diphtherial. But on carefully studying all Dr. Andrewes's remarks, and bearing in mind all the pitfalls which beset the bacteriologist in this matter, and the safeguards which are essential to his procedure, one may doubt a little whether a strictly logical criticism altogether justifies even that amount of actually practical weight which the writer of the paper seems inclined to attribute to the bacteriological factor in the diagnosis of diphtheria.

"The practical teaching which the present state of knowledge on this difficult question seems to admit is apparently somewhat as follows:

"1. Diagnosticians should at once regard and treat, without waiting for a bacteriological report, all cases as diphtheria, in which the clinical signs and symptoms are such as would have raised but little or no doubt in their minds as to their nature in the days before the coming of the bacillus.

"2. They should also regard and treat as diphtheria all cases which, although lacking the usual clinical 'stigmata,' are shown by bacteriological examination to be associated with bacilli whose products kill animals and cause the characteristic lesions; albeit even here they may be in error, though on the better side.

"3. The mere presence of bacilli (in the nose or elsewhere) 'morphologically indistinguishable' from the pure 'diphtheria bacillus,' the host being healthy and inoculation results negative, may probably be ignored in practice, and so also may all negative bacteriological reports in cases where there are any clinically recognised symptoms or signs of the concrete disease. In fine, does not the diagnosis of diphtheria still rest mainly for its surest foundation on the old ground of careful clinical observation, tempered and aided in some cases, it may be, by a judicial study of the report of the bacteriologist?"

"THE OPEN DOOR."

*Those that can pity, here
May, if they think it well, let fall a tear;
The subject will deserve it.*

A VERY dreadful thing has happened; but let us give an account of it in the words of the *British Medical Journal* for November 3rd.

"A correspondent writes to complain that he is a leasehold tenant of a set of chambers having a common entrance with another, and which have been let by his landlord to a homœopathic practitioner, whose name will appear upon the door side by side with his own. He has unavailingly protested, and finds himself without legal remedy. We sympathise with our correspondent in his dislike of the position in which he finds himself. The moral of the situation is, that all medical tenants taking chambers should insert a clause in the agreement affording the desired protection."

The worst of it is that some homœopathic practitioner even then might settle next door, and "his name appear" in poisonous proximity. The subject suggests a very nightmare of distressing possibilities. It might occur to an unrelieved patient, in an access of frenzy, to consult the unorthodox, and get better. The patients of the orthodox are continually exposed to such infection in omnibuses, cabs, and the Twopenny Tube. There is no use temporising when the insidious evil is "at the door." Why not adopt the "shortest way with the Dissenters" and have a massacre—say next St. Luke's day?

But, has a grown man, who knows that "science is nothing but trained and organised common sense," seriously indited this complaint, or is he (*horrescimus referentes*) pulling the revered leg of our esteemed contemporary?

A MINISTERIAL OPINION ON HOMŒOPATHY.

ACCORDING to the *Wiener medizinische Presse* the Bavarian Cultus-Minister was recently interpellated in the Chamber of Deputies as to the establishment of a professorial chair of homœopathy. The Minister replied that the Faculties had reported against the proposal. He went on to say that the question had also been brought before the Prussian Diet, when the Government Commissioner had explained that Berlin already rejoices in a private homœopathic clinic and a homœopathic central pharmacy, and there appeared to be no need for anything more. Homœopathy is only a special method of treatment, and there is no necessity to establish professorships of such methods. The Minister went on to express his belief that homœopathy has not now the importance which it had some decades ago. He added that he had been informed that a *rapprochement* was taking place between scientifically-educated homœopaths and allopaths (*sic*), inasmuch as the "allopaths" had learnt not to prescribe or use so much physic as formerly, which he looked upon as a blessing and a progress. He concluded by saying that it was most desirable that allopaths and homœopaths should come together. These *obiter dicta* of the Minister have a certain psychological interest, as showing how little the ordinary lay mind, even in Germany, is open to scientific ideas. By all means let the homœopaths have such credit as may rightly belong to them for having taught the profession that the processes of disease cannot be modified by drugs to the extent that was thought possible by our predecessors. They unintentionally and unwittingly made an experiment in therapeutic nihilism which convinced men that Nature, if not encumbered by injudicious help, will often bring about a cure. But this fact in no way justifies the ways of homœopathy with its doctrine of similars and its infinitesimal doses. As for the millennial union desiderated by the Bavarian Cultus-Minister, that will be accomplished whenever the homœopaths, by dropping their sectarian badge, re-enter the true fold of catholic, not "allopathic" medicine, which is one and indivisible, but also sufficiently comprehensive to include all forms of scientific thought and all methods of practice not professedly founded on "systems," which are like Bottom's dream, because they have no bottom.—*British Medical Journal*.

A WORD-PORTRAIT OF HAHNEMANN.

IN an account (Phila. Press) of the ceremonies of unveiling the new memorial, placed over the grave of Hahnemann last summer in Paris, occurs the following:—

"Among the most interested spectators on the day of the unveiling was the son of the sculptor, now a venerable man of 70 years. M. D'Angers recalls Hahnemann perfectly, although he was only a child of nine years when the great medical reformer came to his father's studio.

"'No one ever could forget him,' said M. D'Angers in the course of a recent conversation. 'His appearance was striking to a degree. He was all head, and his eyes shone like stars. His costume was quaint and about thirty years behind the time. Everywhere he went he was accompanied by his wife, an equally grotesque figure.'

"My father and Hahnemann were close friends, and the doctor frequently visited us at our home on the Rue d'Assas. In 1839, after much persuasion, he consented to sit to my father for a bust in bronze.

"At that time Hahnemann was in the zenith of his fame. He was 85 years of age and his hair was snow white. Born in Germany, he had achieved his greatest fame in France, and now in Paris, having fought down opposition and proved the greatness of his principles, he was rounding out his career.

"My father was quite a linguist, so was Hahnemann, and during the sittings they frequently used to turn from one language to another—French, German, English, Italian, Latin and Greek. In addition to these, Hahnemann was also proficient in Arabic, Syriac, Chaldaic and Hebrew.

"Hahnemann died in 1843 and thirteen years later my father passed away. On his death he willed to me all his art collection, including the bust of Hahnemann. A few years later I presented the entire collection to the Louvre.

"The directors were reluctant to part with the bust of Hahnemann, but appreciated the appropriateness of its installation on the new memorial and honoured my urgent request by giving it to the Monument Committee."

The bust in question was placed over the grave and is a striking feature of the memorial.—*Homœopathic Envoy*.

HIRSUTE AINOS.

THERE is a strange old proverb which declares "There is no wife for a hairy man." Whether it has any bearing as relating to sexual preference in the explanation of the disappearance of hair from the human skin may be open to question. It would be quite contrary to fact to suppose that absence of hair is always an indication of development in humanity. Some races by no means high in attainments have remarkably smooth skin, and probably amongst our own

population the most remarkable examples of a hair growing skin would be found in a Jew's, a race second to none in intellectual achievements. The Ainos, the aboriginal population of Japan, are probably the most hirsute race on the face of the globe. Mr. R. S. Watson in an article in the *Journal of the Royal Geographical Society*, says of them:—"They are well grown men with good features and an immense quantity of coarse black hair, covering nearly all parts of the person." He tells us also that the Japanese, who are their own masters, are anxious to improve their condition and at the same time their character. With that keen perception of the practical, and that absence of sentiment which characterises Japanese methods, they purpose to send to the hairy Ainos some of their own daughters as wives. Mr. Watson writes:—"There is in the Yezo colonisation department a school at which fifty Japanese girls (daughters of officials) are being educated at the public expense by Dutch instructresses. These girls are, I was told at the school, destined to be the wives of Ainos."

The Ainos race is of much interest as one which has probably from very ancient times maintained an insular separation from all others. It is now disappearing under the influence of its subjugators, the Japanese. Remnants of it are still found in several of the islands of Japan, but the largest number are on that of Yezo. Mr. Watson, from whom we have quoted above, supplies us with the following notes.—"They are great fishermen, and are accustomed to export fish (sardines) which have been dried in the sun to be used as manure. 'An Ainos village is almost invariably built on the sea shore.' Their huts are piled round with fuel, dried fish and cooking utensils. An Aino's food is fish, roots, and venison. There is in each hut a room, and on the whole the interior presents more appearance of comfort than one would expect from the rough appearance of the Ainos themselves. They are a remarkably strong race, and are individually very courageous, though collectively in abject terror of the Japanese."

There has as yet been little or no admixture with the Japanese blood. The married women do not adopt the Japanese married women's custom of staining the teeth black.

The Kurill islands are inhabited by Ainos, and the latter sometimes designated as "Hairy Kurills." "They worship the sun and a Japanese power which merely means force; they likewise adore their ancestors." In the rivers and on the coasts of Yezo salmon and other fish are in enormous abundance; salmon is so cheap that it scarcely has a price.—*The Polyclinic*, Nov., 1900.

CAUTION IN PROGNOSIS.

DR. GOODHART, of Guy's, warned his hearers a few years ago that "over and over again a patient has been given up by his medical attendant, only to return to healthy life, and not uncommonly to make a life-long laughing-stock of those who have condemned him." Of this, the following extract from the *Homœopathic Envoy* for November is an illustration.

Dr. Geo. R. Patton, of Lake City, Mich., is responsible for the following—at least, it is credited to him in exchanges:—

"He had been attending the child of a prominent citizen. When the end seemed near, he told the family that the child would die, and further visits from him would be useless. In a few days, not having been apprised of the child's expected death, the doctor requested me to call upon the family and report. Of course I confirmed the professor's opinion that the child would die. About a month later the doctor hailed the child's father, to find out when his child had died. 'Died,' said the gentleman in amazement, 'why, the child is not only alive, but perfectly well.' The doctor then asked what physician he had employed in his stead. 'No one,' said the man, 'for we had such unbounded confidence in your judgment that we let the child alone to die, and—it got well.'"

REPORTED CURE FOR LEPROSY.

THE Berlin correspondent of the London *Daily Express* telegraphs that Dr. Adolpho Mercondes de Moura, of St. Paulo (Brazils), contributes a paper on the application of rattlesnake poison to the cure of leprosy to the *German Medical Weekly Journal*. He experimented with the poison on fifteen lepers, and he has come to the conclusion that the *Lepra tuberculosa*, if not complicated with another disease, is curable by its means.

"OOMAH" ON INSANITY.

THAT honesty is the best policy, especially for an expert on insanity, was clearly shown in the course of a trial which took place recently. An alleged lunatic was being examined with a view to his being put under treatment, but he conducted his own case with such ability and submitted the experts on insanity to such a rigid cross-examination that the soundness of his own mental condition was fully established. The medical experts were in the course of a long interrogation each asked if they had ever read "Oomah" on Insanity, to which they replied that they had, and were naturally somewhat disconcerted by their questioner bursting out into a boisterous fit of laughter, and explaining to the Court that no

such person as "Oomah" had ever existed, and was merely a creation of his own fancy applied as a test of the veracity and capacity of the experts. The medical gentlemen who were thus caught tripping will probably not forget for a considerable time the contemptuous remark of their artful cross-examiner, who dismissed them by saying that he excused the kindergarten class from any more questions. The moral to be drawn from this amusing incident is that litigants should take particular care to avoid employing as medical experts gentlemen who are unable to discriminate between fact and fancy.—*Med. Press and Circular*.

THE TREATMENT OF HAY FEVER BY IMMUNISATION.

HOLBROOK CURTIS (*New York Medical News*, July 7th, 1900) conceived the idea that immunisation against hay fever and other forms of rhinitis and coryza might be attained by hypodermic injections of weak extracts of the plants or flowers found most prone to induce attacks of hay fever. The idea was suggested by observing that two girls who were susceptible to coryza from inhalation of ipecacuanha powder could acquire a temporary tolerance for the drug by taking internally small doses of the tincture or syrup of ipecacuanha for a few days. Having been consulted by a lady patient who suffered from coryza and severe sneezing whenever she passed a florist's shop, Curtis prepared aqueous extracts of flowers, which he administered to her hypodermically with the hope of establishing immunity. This was first tried with an extract of roses with the result that tolerance was acquired and immunisation established. Then various other extracts of flowers were prepared and similarly administered, until the lady acquired a complete tolerance for flowers, and could enter a florist's shop without suffering any distress or inconvenience. As hay fever was traceable in several instances to the action of ragweed, golden-rod, and lily of the valley, preparations of these flowers were made and administered hypodermically to patients who were found to have contracted hay fever from the smells and odours of these plants. In the case of ragweed gratifying results were obtained, and Curtis states his belief that many varieties of hay fever seen by him were cases of ragweed coryza-asthma, and that they were cured by the treatment adopted. He urges the importance of further work and observation in the direction of treating hay fever and other forms of rhinitis and coryza on the principles above mentioned, so that the true value of the method may be ascertained.—*British Medical Journal*.

OBITUARY.

MRS. I. T. TALBOT, Boston, U.S.A.

MANY of the old friends of the late Dr. Talbot in this country will regret to hear of the death of his widow, who throughout his life had been his devoted help-meet. Dr. Fisher of Chicago, in a beautifully drawn sketch of the personnel of the last meeting of the American Institute of Homœopathy at which Dr. Talbot was present, writes of her as follows, "Dr. Talbot is reclining on a sofa in the spacious corridor of the Dennis; Mrs. Talbot, ever watchful of the venerable leader's health and comfort, sits beside him in the full vigour of womanly strength, herself an Institute attendant for many, many years."

In all Dr. Talbot's many and arduous labours from the date of his settlement in Boston—now nearly fifty years ago—to his death, Mrs. Talbot was throughout the most active, earnest and enthusiastic of all who worked with him. In the society of the city of Boston, in all the committees directed to the cultivation of education and philanthropic movements, Mrs. Talbot will be greatly missed and her loss to the city deeply deplored.

The *Hahnemann Monthly* has the following notice of her: "MRS. EMILY TALBOT, who has so soon followed her husband, Prof. I. Tisdale Talbot, M.D., LL.D., in death, was one of the active forces in Boston for years in matters of education and charity. The establishment of the Girls' Latin School owed much to her, and she powerfully aided Dr. Talbot in obtaining the establishment of the Homœopathic Insane Hospital at Westboro, against opposition from the Massachusetts Medical Society. She had been one of its trustees for some fifteen years, and was very faithful to her duties there. In the American Social Science Association she was active for several years, and in one of her European tours she interested Charles Darwin in her point of view concerning the study of infant activity—a matter in which she was one of the pioneers, though Bronson Alcott in his own family had carried on child-study before Mrs. Talbot was born. He went to Saratoga and spoke on her subject a year or two before his last illness. Mrs. Talbot founded the 'Round Table,' a Boston social club, and gave much attention to its direction till a year ago, when increasing infirmities made it difficult."

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

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Letters have been received from the following:—Dr. ALEXANDER (Torquay); Dr. DUDGEON (London); Dr. C. HAYWARD (Liverpool); Dr. J. W. HAYWARD (Birkenhead); Mr. HURNALL (London); Mr. ROBINSON (Handsworth); Dr. SHAHA (Calcutta); Mr. WYBORN (Bromley).

BOOKS RECEIVED.

Practical Homœopathic Therapeutics. By W. A. Dewey, M.D., Philadelphia: Boericke & Tafel. 1901.—*What a Young Husband ought to know.* By Sylvanus Stall, D.D. Vir Publishing Co.—*The Physician's Diary and Case Book.* London: Keene & Ashwell.—*Journal of British Homœopathic Society.* Oct., 1900.—*The Chemist and Druggist.* London. December.—*The Homœopathic World.* London. December.—*The Vaccination Enquirer.* London. Dec.—*The Tasmanian Homœopathic Journal.* Hobart, October and November. *The Clinique.* Chicago. November.—*The Medical Era,* Chicago. November and December.—*The Medical Times.* New York. October, November, December.—*The Medical Century,* New York. November.—*The Homœopathic Eye, Ear and Throat Journal.* New York, November and December.—*The Homœopathic Envoy.* Lancaster, Pa. December.—*The Homœopathic Recorder.* Lancaster, Pa. November.—*The Minneapolis Homœopathic Magazine,* November.—*The Pacific Coast Journal of Homœopathy.* San Diego. November.—*The American Medical Monthly.* Baltimore. September and October.—*The Medical Brief.* St. Louis. December.—*Révue Homœopathique Française.* Paris. December.—*Le Mois Médico-Chirurgical.* Paris. December.—*Leipziger Hom. Zeitschrift.* December.—*Homoopathische Maanblatt.* The Hague. December.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W.; or to Mr. WILKINSON, 3, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

OUR PROVINGS.

THE recent arsenical beer-poisoning has naturally attracted much attention. The interest evoked by it consists, first, in the alarming illness of a peculiar type which simultaneously developed in and around Manchester, the illness proving fatal in a certain number of cases; secondly, in the chemistry by which arsenic came, unknown to the brewers, to exist in the beer; and thirdly, in the study of the poisoning symptoms produced from drinking the arsenical beer. This last is the only point of view from which we, at present, notice the subject, a point of view specially interesting to homœopaths. The special object of our present remarks will be indicated by the following extract from an editorial article in the *British Medical Journal* of December 1st, 1900: "This extraordinary outbreak of diet disease will doubtless add much to our knowledge in regard to the toxic effect of arsenic by revealing symptoms not hitherto recognised as characteristics of arsenical poisoning." Why, may we ask, have these symptoms now recorded been "hitherto unrecognised?" The answer is that in the old school, the only interest taken in arsenical poisoning has been from a medico-legal point of view. The crude, rough, and "gross" symptoms are sufficient for the purpose, and are well known, while the finer and more unusual

symptoms remain unnoticed or disregarded. These finer symptoms do not appear in every case, but are developed in persons of a more sensitive nature, or who are specially sensitive to arsenic; while cases of chronic poisoning—that is, of poisoning by small and repeated doses—are rare. But they are equally valuable and interesting with the cruder or more common ones. Hence in works on *materia medica*, toxicology and “pharmacology” in the old school, the finer and more unusual symptoms do not appear. Our *materia medica*, which is the most perfect one in existence, is absolutely ignored. Few men of the old school have ever looked into it, and those who have, give out the *ex cathedrâ* announcement that it is full of rubbish and imaginary symptoms. Such a dictum only arises from ignorance and prejudice, which are invariably associated with one another. It is perfectly egregious that such a perfect *materia medica* as ours should be thus ignored or pooh-poohed, while the editor of the *British Medical Journal* calmly states that many of the symptoms recently developed in the arsenical beer poisoning cases have been “hitherto unrecognised.”

It is useless to preach to the deaf ears of the old school on the value of our provings, and the care which has been taken to ensure their accuracy. They simply stop their ears, and laugh. We, however, cannot hide our light under a bushel, when an opportunity such as the present enables us to point out to all who will read or think for themselves, how full and clear and reliable are our provings, as found in the *Materia Medica Pura* of HAHNEMANN; the *Encyclopædia of Materia Medica*, of ALLEN; and the *Cyclopædia of Drug Pathogenesis*, of HUGHES. In these will be found *all* the symptoms elicited in the recent poisoning cases clearly set out, and showing that the editor whom we have quoted ought, in common fairness, to have added to his phrase, “hitherto unrecognised” *in the old school*.

But when will this wilful ignorance or prejudice come to an end, as it certainly must? We wait patiently, and truth is great, and must prevail ultimately. We can, meantime, show how far superior our provings are to any that the old school can display. The chief reason of our elaborate and fine provings being disregarded, and of the utter failure of “Pharmacology” as a study leading to any practical result, is that these minute symptoms are

utterly useless, except when employed by means of the key of the law of similars. To this point we shall refer again. We propose to name the various symptoms elicited in these cases and records of the arsenical beer poisoning, *seriatim*, appending to each the numbers of the symptoms in Allen's *Encyclopædia of Materia Medica* corresponding to them. We select Allen's work, as in many of the records of the recent epidemic poisonings, the symptoms are given in the "*schema*" form; that is, they are placed under the heading of various organs affected. And as our readers are aware, that is the mode of presentment of the provings in Allen's work. The correspondence of the two is thus seen at a glance.

The authors of papers with records of symptoms, or of cases in full, to whom we refer in these remarks are: E. S. Reynolds, M.D. (*Brit. Med. Journal*, Nov. 24th); J. W. Crawshaw, M.B. (ditto, Dec. 1st); R. T. Williamson, M.D. (ditto); Chas. J. Mouncey, M.B. (ditto); Joseph Walker, M.R.C.S. (ditto); A. H. Bampton, M.D. (ditto); W. A. Newall, M.D. (ditto); E. L. Collis, M.B. (ditto); J. S. Fraser, M.B. (ditto); T. M. Kelynack, M.D. (*Lancet*, Dec. 1st); H. J. Hitchlow, M.R.C.S. (*Med. Press and Circular*, Dec. 5th); J. H. Taylor, M.B. (ditto).

We now give the symptoms with the corresponding numbers in Allen's *Encyclopædia*.

Head.—Frontal headache, 253-264. Vertigo, 153-175.

Mind.—Mental confusion, 121-131. Loss of memory, 132-138. Loss of sleep, 2678-2684. Dreaming and nightmare, 2687-2700. Visual hallucinations, 84-90. Auditory hallucinations, 490-496. Irritability, 91-101. Depression of spirits, 38-50. Loss of consciousness, 140-150.

Face and Eyes.—Face puffy, 594-601. Eyelids cedematous, 335-338; 390-400. Dimness of sight, 450-459. Eyes suffused, bloodshot, painful with corrosive tears, and profuse lachrymation, 321-327; 348-371; 411-435. Skin of face dark from pigmentation, or dusky red, 574-590.

Nose.—Watery running from the nose, 498, 505-516. Alteration in sense of smell, 538, 539.

Ears.—Deafness, 488, 489.

Mouth.—Taste altered, 770-784. Tongue coated with a silvery fur—in some cases a brown fur, 700-718.

Offensive breath, 741, 742. Stomatitis, 737-739. Thirst, 902-930.

Throat.—Tonsillitis and pharyngitis, 789-854.

Stomach.—Appetite poor, 881, 900. Gastric catarrh, see all the stomach symptoms, 880-1260. Vomiting and nausea, 960-1123. Pain in the stomach, 1148-1260.

Abdomen.—Pain, 1309-1409.

Stool.—Diarrhœa, 1445-1526. Constipation, 1530-1537.

Urinary Organs.—Smarting and scalding during micturition, 1540-1544.

Respiratory Organs.—Husky voice, hoarseness, loss of voice, 1630-1642. Dry cough, bronchitis, broncho-pneumonia, 1642-1710. Dyspnœa, 1688-1732; 1744-1748.

Chest.—Pains in left side, "resembling pleurisy," 1787-1790.

Heart and Pulse.—Irritability of heart, and palpitation, 1800-1818. Pulse soft, weak and quick, 1830-1890.

Arms and Hands.—Loss of power, weakness of extensor muscles, inability to grasp objects, and "wrist-drop," 1960, 2055, 2063, 2064, 2080-2085, 1934-6. Numbness, "pins and needles," 2006, 7, 8, and 9, 2072. Cold hands, 2066 and 7. Tremors, 2060.

Lower Extremities.—Loss of power in walking; shuffling, unsteady gait, going on to paralysis, 2116-2120, 1970-1984, 2111-2121. Feet and body cold, always wants to be near a fire or wrapped in blankets, 2232 and 3, 2474, 1984. Could not feel the ground, 2231, 2247. Burning heat of legs and feet, 2250. Loss of power of extensor muscles, "dropped foot," and "high-stepping" gait, 2008, 2245, 2255-2260. Wasting of muscles, 2100, 2159, 2008. Numbness, tingling, "pins and needles," 1957-1959, 2006 and 7, 9, 10, 2226-30, 2261, 2136. Tenderness of the muscles of the legs, 2190. Severe cramps, 2013 and 4, 2141 and 2, 2165-2168, 2181, 2193-8, 2237-39. Pains in feet and soles, 2234, 5 and 6, 2240-48. Pains in limbs like locomotor ataxia. (Edema, 2210-13. Tremors, 2294-2301. Convulsions, 2313-2334. Feet swollen and red, 2205-8. Much general wasting, 2279-2289. Pain in sciatic nerve, 2137.

Sexual Organs.—Sexual power lost, 1585-87.

Skin.—Dark or brown pigmentation of face, neck and trunk, about genitals, etc., with patches or islands of white skin in the discoloured parts, 2512, 2518 and 19.

574-590, 1892, 2533. Herpes and herpes zoster, 2563-64 and 69, 2528. Scarlatiniform rash, 2547, 2559. Erythematous rash, 2517. Measley rash, 2536. Skin bluish-red, "cyanosed," 2514-16. Papular, vesicular, pustular rash, bullæ, blisters and boils, 2549-58, 2566, 2570 and 71, 72, 75-84, 2591-2600. Superficial ulcerations, 2587, 88, 89 and 90. Desquamation, skin peels off on forearms, hands and feet, 2524-30, 2543. Skin on hands and feet hard, thickened and "hornified," 2523, 2611, 2213, 2074. Nails brittle and come off, 2075, 1955. Itching and formication, 2136, 2623, 2625-2633.

Fever.—Temperature frequently raised. In Allen's work, where most of the provings were made before the use of the thermometer was known, temperatures are not given, but the fever symptoms are so described—2770-2820—that the temperature must have been high. Perspiration, offensive at times, 2845-2870.

This analysis of our provings shows conclusively the value and accuracy of our *Materia Medica*, and it is simply scandalous that with such a work existing, ignorant prejudice should ignore it. We feel proud of it, and look with pity on those who obstinately shut their eyes to such a mine of drug-lore. But as we remarked before, there is one great obstacle to the old-school practitioner's study of a careful and full *materia medica* consisting of provings on the healthy body, and this is, that, to his narrow mind, all these elaborate provings are simply interesting, but of no practical value in therapeutics. Hence the failure to make "Pharmacology" worth the study it requires, and hence the abandonment of it as a subject of examination for diplomas. So it must be till the law of similars is seen to be the key to the whole thing. As Dr. Bristowe pointed out, and his remark contains the entire question in a nutshell, all these provings on the healthy body must remain useless for therapeutical purposes unless the homœopathic law of similars is admitted. Without it they are simply interesting and curious, or of value for medico-legal purposes; but with its aid a dry and dull study becomes illumined with light, and enables the physician to make practical use of every minute symptom developed in the provings. That we have this wonderful light and guidance in treatment is a thing to be thankful for and to

be proud of in considering ourselves custodians of such a grand truth and law.

And we ought to be enthusiastic and patient missionaries in such a cause, doing our best not to let our candle be hid under a bushel. Such is the aim and ambition of this journal, and in drawing attention to "our Provings" in reference to the recent arsenical beer poisoning, we are only fulfilling our simple duty.

It is melancholy from one point of view, and amusing from another, to find in Dr. KELYNACK's paper in the *Lancet* (Dec. 1st, 1900), in the last paragraph under the heading of "Treatment," the following sentence: "A recently published treatise on medical treatment states that 'for alcoholic neuritis preparations of arsenic are sometimes valuable.'" All he adds is, "It is to be hoped that this suggestion is not being acted upon with regard to any of the cases now under consideration." The homœopathicity of arsenic to peripheral neuritis, alcoholic or otherwise, after a study of the recent "epidemic," must, one would think, be evident to the dullest understanding; and we can hardly suppose that Dr. KELYNACK does not see it, especially after quoting this sentence from the "recently published medical treatise." If he does not he is hopeless, but if he does, it is not much to the credit of his moral courage to abstain from publicly noting the "coincidence." But this he might consider unsafe with his colleagues. Physical and moral courage are marked characteristics of the British people, but in the dominant school of medicine moral courage is most conspicuous by its absence, and truth is boycotted for fear of the consequences of avowing it.

AN UNUSUAL CASE OF RENAL PTOSIS, AND ITS RELIEF BY A NEW METHOD OF RENAL FIXATION.¹

By C. KNOX SHAW, M.R.C.S., &c.

Surgeon to the London Homœopathic Hospital.

ONE expects to meet, in cases of renal ptosis, a variety of local and reflex symptoms; but the following case

¹ From notes taken by Arthur A. Beale, M.B., Resident Medical Officer.

presented, in addition to positive symptoms, such striking and unexpected physical signs as to make it worthy of record.

Mrs. R., aged 35, was admitted into Durning Ward on May 19th, 1900. In January, 1898, she became an out-patient under Dr. Edwin Neatby, complaining that for ten years she had had, off and on, attacks of pain in the left side of abdomen. They were of gradual onset and departure, were accompanied by no vomiting, nor was the urine affected; she thought the attacks were excited by exertion. Dr. Neatby found the uterus retroflexed and both kidneys prolapsed, but not enlarged. She ceased attending in May, but came again two years later, May, 1900, as the attacks had become much worse. She said the pain started about the umbilicus, increased in severity, and passed towards the left loin, where a swelling appeared; but there were no urinary symptoms. As long as she kept perfectly quiet she was free from pain, but if she did her ordinary house-work, the attacks came on as often as two and three times a week, when she was forced to lie down. The period of pain lasted from two to twelve hours.

She was examined on May 21st, when a large mobile, elastic swelling was clearly felt in the left side of abdomen, its greatest diameter being situated transversely. The attack had commenced on the 18th.

She was examined again on May 28rd, when all the swelling had disappeared, and no mobile kidney could be felt on the left side. The right kidney was partially prolapsed and tender. The subsidence of the swelling was not followed by any increase in the amount of urine passed. The urine had a specific gravity of 1,020; it was acid, contained no albumin, but some lithates.

When next examined, on May 25th, a distinctly mobile, but not appreciably enlarged, kidney could be made out in left loin.

Though the symptoms seemed out of proportion to the amount of motility of the left kidney, it was decided to fix that kidney, as it is well known how much this range of movement varies from time to time. The swelling was explained as being due to temporary engorgement of the kidney from vascular torsion, or kinking of the ureter during the renal displacement.

On May 29th an operation, to be described shortly,

was undertaken. The kidney was found to be large and soft, but not cystic in any way. This operation was followed by a perfectly aseptic convalescence, the first dressing of the wound taking place on the eighth day. After three weeks in bed the patient was allowed up. On June 22nd, four days prior to her leaving the hospital, she had one of her old attacks, and just below the margin of the ribs on the left side, reaching nearly to the level of the umbilicus, was a soft, elastic, tender swelling. This seemed to subside very soon. After three weeks at Eastbourne she returned home, and three days later had another attack, which lasted five days. She went to Folkestone, where she had another attack, and she had one nearly every week, each being accompanied by the appearance of the tumour. The last attack was on November 2nd, and she was admitted again the following day. On inspection, the left flank was seen to be more prominent than the right; occupying it was a large swelling, reaching to one finger's breadth from the umbilicus and to two fingers' breadth above the anterior superior spine; it extended upwards beneath the ribs. The tumour was movable when pressed from the loin, and was tender on pressure, and not influenced by respiration. There were still no urinary symptoms. A consultation was held, and the diagnosis was discussed without arriving at any satisfactory conclusion, so an exploratory laparotomy was decided upon.

On November 6th gas and ether were administered, and on the antiseptic compress being removed the tumour was found to have *entirely disappeared*. The abdomen was most carefully palpated, with a negative result; it certainly contained no tumour. However, whilst palpating deeply the right loin, the right kidney seemed suddenly to descend, shoot across the abdomen, and appear as a large, semi-elastic swelling to the left of the umbilicus. Having satisfied ourselves that this was the tumour for which we had been hunting, the idea of an abdominal operation was abandoned, and the kidney was fixed through a lumbar incision. During the abdominal palpation the firm fixation of the left kidney in the left loin was clearly demonstrated. The wound was first dressed on the eighth day, and the patient left the hospital on December 7th for the Convalescent Home at Eastbourne.

The interesting features of this case will have made themselves manifest whilst reading its description. It is certainly the first case I have seen in which a kidney was so movable as to appear on its opposite side. I have often enough felt a kidney in its corresponding iliac region, but it was most instructive to find this organ making so lateral an excursion, and it raises questions as to the nature and length of its pedicle.

I should like to take this opportunity of describing the method I am now adopting to fix these movable kidneys. The methods mostly in vogue are fixation by means of buried sutures passed through the kidney structure, or by splitting the fibrous capsule and stitching that to the lumbar muscles.

The former has two faults: the kidney structure is injured by the sutures, and not unfrequently buried sutures give future trouble. The latter seems to me to fail from the extreme tenuity of the fibrous capsule and its liability to tear—not holding the kidney long enough in apposition to allow of any reasonable firm fixation. I have used both methods, and am dissatisfied with both. In the twenty-ninth volume of the “Annals of Surgery” (June, 1899) there appeared a paper by Dr. Deaver, of Philadelphia, which at once rivetted my attention, as it advocated a mode of anchoring the kidney by gauze packing. An aseptic granulating wound is formed, which keeps the kidney in place by a firm cicatrix. No time is gained in these cases by having primary union; three to four weeks in bed is essential in any case. I have now performed this operation six times, the first one eighteen months ago, and when seen quite recently the kidney was firmly fixed in the loin. Dr. Deaver modified the operation from one originally proposed by Dr. Nicholas Senn, and the following is, perhaps, not quite the same as that recommended by Dr. Deaver.

The kidney is exposed by a vertical incision three to four inches long, parallel to and just outside the erector-spinae muscle; after the transversalis fascia has been divided, the peri-renal fat is exposed. An assistant now keeps the kidney in the loin space by pressure applied from the abdominal wall. With forceps and the fingers the fatty capsule is opened, and the kidney itself freely exposed. If there is much loose peri-renal fat it may be removed with scissors. The fatty capsule

should be well freed from the capsule proper of the kidney. The kidney is now delivered out of the wound on to the loin; this is really the only difficult part of the operation. I used at first to dissect all the fatty capsule from the kidney; I now content myself with only removing the posterior layer. I next pass a pair of forceps through the anterior part of the fatty capsule on each side of the hilum, and with it draw through two long strips of plain sterilized gauze. The kidney is thus held by these two strips of gauze, which cannot slip as they are kept in place by the adherent fatty capsule. The capsule proper may next be superficially scarified to excite adhesive irritation. The kidney is now carefully replaced and held up against the deep parts by the pieces of gauze. Pieces of gauze are next packed in the wound, over the kidney, but inside the two pieces of gauze first introduced. When a good packing has been made, the long strips of gauze are tied over it, thus preventing any chance of the kidney slipping. A large pad of cotton-wool is placed on the anterior abdominal wall over the site of the kidney. Some dressings are applied over the gauze packing, and a broad piece of strapping is applied over all around the abdomen. Some additional dressings are finally added, and retained by a many-tailed bandage. The operation can be completed in fifteen to twenty minutes; it is generally followed by a good deal of pain and sickness for twenty-four hours. On the eighth day the dressings are changed; they have a urinous smell, but there should be no pus. The kidney will be seen at the bottom of the wound covered with granulations. After being cleansed, light packing is again applied, and in a few days calendula ointment can be used. I like perfect rest in bed for three weeks, and the sofa more or less for another two.

CASE OF RUPTURE OF THE URETHRA; PERINEAL SECTION; RECOVERY.

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THE accident department of the Devon and Cornwall Homœopathic Hospital has been for some years not only

a boon to the working classes of Plymouth, but also a fruitful source of interest and experience to the medical and nursing staffs of that institution. Situated in the heart of the town, and in close proximity to the docks, railway station, and various public works, it affords a ready means of assistance to the many operatives, who, while in the discharge of their duty, only too frequently meet with accidents of a more or less severe character. Of these, the kind and degree are very various, including simple cuts; lacerated wounds of scalp, face and extremities; fingers and arms crushed by machinery or at sea, and sometimes requiring amputation; wounds of arteries, calling for ligature; fractures and dislocations of all kinds; scalds and burns of various degree, besides a multitude of minor injuries.

The total number of accidents treated during the last decade has been 8069, and it may be instructive to note that among these, only one case of ruptured urethra has occurred, giving a percentage for this accident of .032.

The case being thus somewhat unusual, a record of its treatment by surgical measures, combined with the indicated homœopathic remedies, may be interesting to the readers of the *Review*.

J. T., a spare, frail looking man of 65 years, applied for treatment on 19th October, 1900, on account of retention of urine. He stated that on the forenoon of that day, while cleaning a window, he had lost his footing and fallen a distance of several feet on to the roof of a greenhouse below, coming down astride of one of its beams.

As a result of the impact of the fall, the perineum, upper part of thighs, groins, scrotum and penis were deeply ecchymosed, with much œdema of the genital organs. There had also been some hæmorrhage from the *meatus urinarius*. Patient was somewhat collapsed, complained of cold and shivering, but was not in much pain. All attempts to pass water had failed.

A warm sitz-bath was ordered, patient being directed to endeavour to urinate while in the bath, and *Arnica* 3x, 2 hrs., was given internally. In the evening he was seen again, and no urine having passed, a No. 8 soft catheter was introduced, but could not be got beyond the membranous portion of urethra, where an obstruction appeared to bar its progress. An attempt was then made

to pass a silver catheter, but without success, and as its introduction produced very severe hæmorrhage from urethra, the attempt was abandoned.

The bladder did not appear to be much distended, nor was there much pain from the retention, but, with a view to preventing extravation of urine into the perineal areolar tissue, supra-pubic puncture by means of a Dieulafoy's aspirator was now performed, and about a pint of urine drawn off. Patient passed a fairly quiet night, but still complained of shivering; there had been considerable oozing of blood from urethra, and the increasing ecchymosis of perineum and neighbouring parts indicated a considerable degree of hæmorrhage from the *corpus spongiosum* into the areolar tissue of those localities. There was no rise of temperature. For the next few days patient was kept in bed, *Arnica* was continued internally, and supra-pubic aspiration of bladder performed each evening. He made frequent attempts to urinate naturally, but without success. Meantime, the general condition improved a little, the hæmorrhage from urethra ceased, and there was no sign of extravation. It was therefore concluded that the injury to the urethra consisted of rupture or laceration of its mucosa in the region of the membranous portion, but that its muscular layer had probably escaped.

A few days were allowed to elapse, in the hope that natural micturition might re-establish itself, but, as there was no sign of such an ideal event by the 26th, it became evident that other measures must be adopted. Accordingly, on the morning of that day, another attempt was made, under chloroform anæsthesia, to pass a catheter into the bladder. Soft catheters of different sizes and shapes were tried, but without avail, and a silver instrument, although used with great care and gentleness, caused such alarming hæmorrhage, that it was useless to persist in the manœuvre.

It was, however, imperative to restore urethral patency, and with this object, the operation of perineal section was now performed. The bladder having been emptied by supra-pubic aspiration, the patient was placed in the lithotomy position, the perineum shaved and sterilized, and a sound passed down the urethra till arrested at the membranous portion.

An incision was then made in the perineal raphe, a

little in front of anus, and continued forwards for about an inch towards scrotum. The point of the knife was then reversed, and pushed backwards and upwards, exactly in the middle line, towards the sound. With a little careful dissection, the latter was reached, the urethra opened, and the incision continued a short distance backwards towards bladder. A good deal of hæmorrhage from the *corpus spongiosum* attended the foregoing steps, and this having been controlled by means of hot water, a director was passed through the perineal wound, and after a little manipulation into, and along the urethra, towards the bladder. The sound was now withdrawn, and a soft catheter passed down the urethra, and brought out at the perineal wound. The catheter was then doubled on itself, and an attempt made to push its extremity along director into bladder. This, however, having been found impracticable, the flexible instrument was replaced by a silver one, and this, guided by the finger in the perineal wound, passed without much difficulty into the bladder, and was tied in. The wound was then closed by means of three silk sutures, a dry dressing applied, and the patient put back to bed. After the operation he was somewhat collapsed, but passed a fairly comfortable day. At 8 p.m. his temperature was 100° F., and pulse 100. R. Acon. nap. 1x, 2 hrs.

At 8 a.m. on the 27th, he had a rigor, and temp. rose to 102°, pulse 100. During the afternoon he perspired, and at 8 p.m. temp. was 100·8° and pulse 100. Continue Acon.

28th.—Had another rigor during night, temp. at 4.45 a.m. running up to 104°, but falling again by evening to 101°. The temperature continued to fluctuate for several days, and as there was no evidence of pus formation either in the bladder or perineum, the pyrexia was regarded as due to "catheter fever." It was well controlled by aconite, and by the morning of 3rd Nov., had disappeared.

The bladder was emptied regularly through the catheter, and washed out night and morning with warm boracic lotion. For a few days the urine contained a little blood, but this gradually ceased.

The perineal wound at first appeared likely to heal completely by first intention, but afterwards a little

oozing of venous blood, probably as a result of the extensive ecchymosis, took place, and as it continued, the sutures were removed and a gauze drain inserted. A probe entered for about half-an-inch only, and it was therefore concluded that there was no fistula.

5th Nov.—The catheter was removed this morning, and as the passage appeared quite free, and there was no hæmorrhage, it was left out, and the patient directed to endeavour to pass water naturally. This he succeeded in doing without difficulty for several days, and the bladder was still irrigated night and morning with boracic lotion.

8th Nov.—This morning patient was unable to relieve himself, and when the catheter was introduced it failed to pass, and smart hæmorrhage from the urethra resulted.

A hot sitz bath and gelsem. θ were now given, after which urine was passed naturally, and at 4 p.m. a No. 8 silver catheter was successfully introduced and tied in. This was then allowed to remain *in situ*, except when removed for the purpose of cleansing, for several weeks. It was no doubt a mistake to have removed it in the first instance, for during the few days it was not worn, urine evidently found its way into the perineal wound, which gradually opened up, and a urethral fistula resulted. This *contre temps* probably retarded patient's recovery, for not only was the fistula difficult to heal, but the urine, in spite of the irrigation of bladder, became ammoniacal. *Chinaphilla* θ was given on this account, and in a few days the water was no longer offensive, though still turbid, and the residue drawn off contained a little pus.

In order to correct this, *Hydrozone*, in the proportion of 1 to 3 of warm water, was substituted for the boracic lotion irrigation, and was found exceedingly effectual in restoring the urine to its normal condition. Indeed, no better demonstration of its well recognised power of favourably influencing the pyogenic process could have been desired.

The same agent was used in the treatment of the fistula. It was syringed out twice a day with the hydrozone solution, and then lightly packed with gauze moistened with calendula.

Under these measures, the wound gradually filled in,

and by the beginning of December was found to have thoroughly healed.

The catheter was allowed to remain in its place till 7th December, when it was withdrawn, and only used for the daily washing out of bladder. Patient thereafter found no difficulty whatever in micturating, and on 15th Dec. was dismissed, cured.

Plymouth, *December*, 1900.

BELLADONNA POISONING OF UNUSUAL ORIGIN.

By W. SPENCER COX, M.D.,

Assistant Physician to the London Homœopathic Hospital.

THE following rather curious case may prove of interest, and the sufferer being a medical man, the symptoms can be vouched for.

X Y Z, M.D., had for some time been troubled with pruritus ani, following an operation for hæmorrhoids; latterly he had been applying nightly resinol ointment, but, this having lost its effect, on the night of Nov. 30th he looked through his collection of unguents in the hope of finding something to relieve the intolerable itching and soreness.

He saw a pot of Unguent. Belladonnæ B.P., and, hoping this might have the desired effect, he applied a small quantity with the finger. It acted so well that on the succeeding night, Dec. 1st, he used it again, and followed this up with a third application on the morning of Dec. 2nd before rising. During the course of this day he noticed a peculiar, unpleasant, metallic taste at the back of the pharynx and palate as though the tongue were badly furred; but frequent examinations revealed nothing, though there was great desire to drink in order to remove the taste and accompanying dryness. That afternoon being Sunday he was looking forward to the quiet enjoyment of a book he was reading, but when the time came he was surprised to find that his vision was so blurred and indistinct that he had to give up the attempt. Later in the evening he tried again, and finding that the trouble was apparently due to defective accommodation, he fitted up from his trial case two + 1 D lenses in the spectacle frame and was thus enabled to read comfortably. He surmised that he must

be suffering from a bad attack of liver or from the sudden advent of presbyopia.

That night he used a little more of the ointment. Next morning, Dec. 3rd, he rose expecting to feel quite well, but was disturbed to find that, though the unpleasant feeling in the throat was slightly better, he could not read the morning paper, and when examining a patient's ears with the speculum found he could get no clear picture of the parts. In the evening, however, he was again able to read with the + 1 D lenses. The ointment was used again that night, allaying the irritation as before. The next day he was no better, and finding he could neither read the paper nor any of his medical notes, and having no suspicion of the cause of his symptoms, he thought it high time to consult a specialist, and went straight to Mr. Knox Shaw. The latter heard his complaints, examined his eyes, finding the pupils very slightly dilated, tested the vision (discovering partial paralysis of accommodation), and at once stated that the trouble was due to one of two things—diphtheria or belladonna poisoning. At first the patient refused to admit the possibility of either, but, suddenly remembering the ointment, he mentioned its use to Mr. Knox Shaw, though he could not believe that the small quantity used, some grs. xv of a 1-10 ointment containing about .3 per cent. of alkaloids, could have produced these unpleasant effects. Mr. Knox Shaw being, however, certain of his diagnosis, our patient promised to give up his nocturnal poison and allow his perineal nerves to play havoc with his sleep until some less suspicious sedative could be found, the result being that in twenty-four hours he was quite recovered and could again enjoy his newspaper and notes.

Many curious cases of belladonna poisoning are recorded, but surely this is one of the strangest—three external applications of about five grains of ointment, used first with twenty-four and then with twelve hours' interval, having produced a bad throat and total inability to read.

THE HOMŒOPATHIC PRINCIPLE VERIFIED IN VETERINARY PRACTICE.

By J. SUTCLIFFE HURNDALL, M.R.C.V.S.

It not infrequently occurs, even in the present day, that

doubts respecting the trustworthiness of clinical reports emanating from homœopathic physicians are expressed by those who are sceptical concerning the value of Hahnemann's grand Law of Drug-selection; and notwithstanding all that has been done for the alleviation of pain and suffering, and the cure of so-called *incurable* morbid conditions by recognised homœopathic practitioners, whose medical qualifications and whose personal honour are unimpeachable, it is notorious that opposition to a more general recognition of the truth of the homœopathic principle continues to prevail among those especially who should be among the first to recognise its untold benefits and advantages to humanity at large; the enthusiasm of those who endeavour to promulgate its truth being attributed to an unreasoning faith in the means adopted and the measures relied upon. As faith cannot be included as a factor in the cure of well authenticated cases of disease among the lower animals, it may be of some interest to record a case where well-defined general symptoms, in conjunction with their conditions and concomitants, led to the selection of a drug which effected a somewhat notable cure. Nor will the case prove least interesting to those who accept the homœopathic principle in its integrity by reason of the special morbid condition that existed and ultimately yielded to treatment.

The patient, a highly-bred dog, which in health would probably weigh about 115 pounds, had been used for stud purposes prior to the commencement of his illness, which dated back some eighteen months. When brought to my surgery, the animal was a mere shadow of his natural self—had been treated for a cough which was thought to be of a phthisical character. There was swelling of the eyelids and agglutination, injected conjunctiva, retraction of eyeballs, and considerable itching; the face generally had assumed a sunken and drawn condition; the mouth, lips and tongue were dry and leathery, and from the cough I adjudged a sort of constrictive feeling in the pharynx and œsophagus. The Schneiderian membrane was considerably irritated, and the discharge therefrom acrid in the extreme. The cough was a dry one and seemed to exhaust the animal; it was aggravated by exposure to the outside air. The heart was affected in a marked degree, irregular

palpitation of a rather violent character being developed, accompanied by occasional urgent dyspnœa; great weakness, lassitude, and apparent stiffness prevailed, to such a degree, indeed, that the dog was unable to maintain the standing posture for any length of time. The skin of the whole body was profoundly influenced, as indicated by the scaly eruption, itching, and general soreness; the coat was rough, wiry and staring. Scanty blackish diarrhœa of a very offensive character, that caused excessive pain and soreness, was frequently evacuated; small quantities of urine, highly coloured, of low specific gravity and a pungent odour, were frequently passed with some straining. The dog was extremely restless, continually twitching when asleep, suddenly awaking as if frightened; was very depressed, indifferent to food, but continually wanted to drink. On making a careful examination, two internal tumours were discovered, one the size of a hen's egg, the other rather smaller, apparently slung in the mesentery, just posterior to the middle lobe of the liver. Whether these tumours were benign or malignant, I cannot say; but, judging from the profound influence on the system, the intensity and extent to which the entire organism was affected, I inclined towards the opinion that they were malignant, in which I was confirmed after the cure, which was brought about with one drug, and one drug only, namely, *arsenicum album*. I commenced giving ten grains daily of the third decimal attenuation, in three doses, which was continued with the most satisfactory results for a week; I then proceeded to the same dosage of the sixth decimal attenuation, which was kept up for a fortnight. By this time the general health of the dog seemed fairly established, but I could not discover any difference in the size of the tumours; whereupon I administered two doses daily of the twelfth decimal attenuation, which was continued uninterruptedly for five weeks, at the expiration of which time the tumours had become completely resolved, not even the vestige of either one remaining.

I have for years been a staunch believer in the efficacy of internal medication in dispersing abnormal growths, whether they exist internally or externally; moreover, this is not the only instance in which similar cases under my care have been successfully treated. I

have tried various potencies, but invariably have found that the higher potencies are those that act in bringing about the resolution and dispersion of such abnormal tissue developments, while the lower attenuations never seem to effect the slightest change.

CLINICAL NOTES ON THE ACTION OF NAJA TRIPUDIANS AND OF CRATÆGUS OXYACAN- THA IN DISEASES OF THE HEART.¹

By DR. BERNARD ARNULPHY, Nice.

MY object in this short communication is to retail some clinical observations made at the Hahnemann Hospital, Chicago, between 1886 and 1898.

I had an opportunity while in charge of the department for diseases of the chest, to examine and to treat several thousand interesting cases of cardiac and pulmonary trouble. A large number of observations made in my department have already seen the light in *The Clinique*; but what I wish to give here is a species of synthesis, briefly noted down, of certain special points in cardiac therapeutics.

I shall limit my remarks to cases involving the mitral valve, by far the most numerous among cases of heart disease that have passed through my hands.

In the treatment of this important group *naja tripudians* is the drug from which I have obtained the best results. The action of the drug proves its usefulness in every stage of the disease.

The dyspnœa, the sleeplessness, the precordial pain (not frequent in mitral cases, but sometimes acute, especially in children) are the first symptoms which it relieves. Continuing the remedy, little by little the cardiac rhythm steadies itself, the frequency of the beats falls, the pulse becomes more equal and firmer, and the congestions of viscera disappear.

By this means I have been enabled, in a large number of cases, to prolong for years the struggle of the cardiac muscle and to maintain compensation, which, without effective help, must inevitably have yielded before long with symptoms of asystole. These effects have been

¹ Translated from the *Revue Homœopathique Française*, Dec., 1900.

especially noteworthy in children, amongst whom early mitral troubles are fairly common. In 178 well-marked cases (in children of from five to twelve years of age) I have had the satisfaction of seeing a very definite improvement in 140 and an almost complete cure in 38 cases.

It is not only in the last stages of mitral disease that naja does its work. In alternation with aconite, at the commencement of acute articular rheumatism, I have seen it speedily abort endocarditis which was developing.

As a curiosity, I will quote a case of facial erysipelas in an elderly Sioux woman whom I had under my care at the Hahnemann Hospital, who exhibited at one stage alarming symptoms of malignant endocarditis with peripheral embolisms. Naja and rhus tox. acted promptly and the old Indian made a complete recovery.

I will mention also three cases of serious endocarditis supervening on acute non-articular rheumatism of gonorrhœal origin. It is well known how rebellious such cases of endocarditis are, and how often they prove fatal. I am convinced that it is to naja that I owe the recovery of these three patients.

The action of naja on acute endocarditis is very real and very memorable; but I repeat that it is in chronic endocarditis of the mitral type that naja exhibits its full powers, keeping up the force of the cardiac muscle, prolonging compensation and presenting visceral engorgement. Naja probably acts on the heart by stimulating the trophic function of the vagus, either by influencing the fibres of origin in the bulb or by a selective action on the intrinsic cardiac ganglia.

I have generally used the sixth trituration, but the twelfth and thirtieth dilutions have also given me very good results.

In aortic cases naja has appeared to me to be less effective. Here the element of *pain* is more distinct, and in my hands oxalic acid has often relieved the precordial pains which dart to the left shoulder, a frequent symptom in the subjects of aortic insufficiency.

In chronic aortitis the gold salts, particularly the iodide and the arseniate, have given me good results. The lead salts, it appears to me, have only acted satisfactorily in arterial sclerosis when I have associated them with kali muriaticum or kali phosphoricum. Why

it should be so I do not profess to explain, but such is the fact.

For some years I have used *cratægus oxyacantha* a good deal, and I find a considerable analogy between its action and that of *naja*. *Cratægus*, however, which does great service in every form of myocarditis has no influence over the endocardium.

Cratægus acts equally well in aortic and mitral cases, and exhibits an undeniably tonic action on the muscular fibres of the heart. This action is quiet, moderate and non-cumulative. By giving three-hourly doses of five minims of the mother tincture to patients with symptoms of cardiac enfeeblement, we obtain, almost invariably, a favourable alteration in the cardiac rhythm, a slight increase of arterial tension and marked *diuresis*.

The insomnia of aortic sufferers is generally helped by *cratægus*.

In the course of myocarditis, whether influenzal, typhoid, diphtheritic or what not, I know no better remedy than *cratægus*. I only prefer *naja* in cases where the cough characteristic of that drug occurs.

I had an opportunity several years ago, at Chicago, of watching the action of *cratægus* on my own person, during an attack of influenza which had affected the heart to such an extent that my pulse was imperceptible and I could not rise from a horizontal posture without being threatened with syncope. Its action here was on an acute myocarditis, well marked, but quite painless and unaccompanied by cough. I took *cratægus* for fifteen days; at the end of this time I could get up, and was soon able to attend to business. That the cure was thorough is proved by the fact that I have since been able to climb Alpine summits of three thousand *mètres* without trouble.

Let there be no mistake about it. We shall soon see *cratægus* in the hands of our colleagues of the old school, as they call them in the States; it will be they who discovered this precious plant, they who determined the indications for it!

I cannot close this little communication without declaring most distinctly that the diet of cardiac cases has ever appeared to me to exercise the greatest influence upon their length of survival, and upon the manner in which they respond to treatment.

Five years ago I saw a case of *angina pectoris* in a patient whose attacks diminished wonderfully, both as to their severity and frequency, under nothing but a diet of vegetables and milk.

The fact struck me.

Since then I have formed the conviction that the use of meat, and, I will add, of wine, is harmful to the great majority of cardiac patients if not to all.

Such people do very well on a diet of vegetables, to which I readily add milk and eggs. It is of the first importance in these patients, to watch over the integrity of their kidneys; and we know now, we can no longer doubt, that the use of meats and of extracts, powders and similar preparations of meat, sets up an actual state of dietetic intoxication from which the kidneys, the blood-vessels and the heart are the first to suffer.

Since my attention has been drawn to this point I have gathered together a considerable number of observations which testify unanimously in favour of a vegetable and milk diet. Quite lately Professor Huchard, whose ability we readily recognize here, has thrown all the weight of his authority on the side of this use of a vegetarian diet, and we may sincerely congratulate him upon his action. As in other matters, the excess of an evil brings its own remedy with it. So great has been the misuse of meat and its derivatives in the past, that now an outcry of reprobation rises from every side against a flesh diet, in direct opposition to the praise lavished upon it but a few years ago.

This healthy reaction is evident particularly among the medical profession, but I cherish the hope that in the near future the general public will recognize that an animal dietary is one of the greatest of those errors into which the human race has fallen in past centuries.

REVIEWS

Practical Homœopathic Therapeutics, arranged and compiled by W. A. DEWEY, M.D. Philadelphia: Boericke & Tafel, 1901. pp. 379; \$2.50.

THIS is a work which may be looked upon as holding the same relation to Dr. Dewey's *Essentials of the Homœopathic*

Materia Medica as Dr. Hughes' *Manual of Therapeutics* holds to his *Pharmacodynamics*; and we may confess at once that we prefer such books as the *Essentials* and *Pharmacodynamics* to their more ostensibly practical brethren; we are sure, moreover, that both Dr. Dewey and Dr. Hughes would approve our preference.

The study of our *Materia Medica* is almost the most practical study that can be undertaken; for, just as, in a course of clinical instruction in medicine, there is no symptom or method of investigation which can be with safety neglected, so in the study of a drug there is no truly pathogenetic symptom, or any one of its modalities, which may not present itself as a guide to prescription in the very next case which comes under notice. And the metaphor may be carried a step further. The classical description of a disease contains the classical symptoms of the disease; it does not profess and cannot contrive, to take account of that personal element which is present in every case of that disease. In similar fashion, the works which give an account of the drugs presenting rough *similia* to the symptoms can be no more than rough and probable guides to the selection of the one drug which is the only best prescription in any case. It follows, as has been said times and again, that the diagnosis of the remedy is of equal importance with the diagnosis of the disease in homoeopathic treatment, and that each of the two mental processes is best begun from its own starting-point, the two negatives (to adopt photographic language) being taken separately, and the prints compared to determine their similitude.

Nevertheless there is a place, and an honourable one, for such works as this, which gives under the heading of diseases the drugs presenting their ordinary symptoms, and there are few who do not turn to them for help occasionally. Among works of this class Dr. Dewey's book will, we believe, find an assured place. The author is a practical physician, and every page of his work shows an enviably wide acquaintance with both the permanent and ephemeral literature of the subject. He has the gifts of conciseness and of judgment. He has recognised, as he tells us in his Preface, the impossibility of giving indications for every drug which may be called for in every disease; his task, therefore, resolved itself into one of selecting those most likely to be useful, and of expressing their indications with such brevity as clearness of diction demanded. It is probable that no one of Dr. Dewey's readers would have himself compiled a list identical with that given in this work; but taken in the "rough and large," his compilations will be found as good as most and better than a great

many. It is a book which many will find it helpful to have within reach, in order to use it side by side with a work on *materia medica*. As we have hinted, it is a very "workman-like" production, and it is turned out in a style which the customers of Messrs. Boericke & Tafel have learned to expect from them.

What a Young Husband Ought to Know. By SYLVANUS STALL, D.D. (Self and Sex Series.) London, Philadelphia, Toronto: Vir Publishing Co., 1897. pp. 300. 4s. net.

THE publishers of Dr. Stall's book forward with it a "literary notice, after the American fashion, simply to aid those reviewers who may be pressed for time." As they are kind enough, however, to express a preference for our own opinion, we have followed our usual rule and have read the book in question before expressing it.

Dr. Stall's object is an excellent one. The series to which his work belongs aims at imparting useful and accurate knowledge on sexual matters to the young, middle-aged, and elderly of both sexes. Unfortunately, conversation on such topics is generally subversive of both right thinking and wise conduct; and there are few medical men of experience who have not met with instances to prove that instruction of the most elementary nature is sometimes much needed, both for wives and husbands. But, in spite of wrong teaching on the one hand and of ignorance on the other, both calling for remedy, there is a general unwillingness to give sound instruction on the part of those from whom it might reasonably be expected. It is, seemingly, to meet this neglect that the "Self and Sex Series" exists, and the object meets with our cordial approval.

Though Dr. Stall's primary point of view is naturally a moral or religious one, he also includes the physiological and pathological considerations that present themselves in his subject; and it is here, we think, that a greater plainness of diction than he allows to himself is called for. If these questions are to be discussed at all, if the reticence which civilised "nicety" dictates is to be laid aside, then the matter should be stated in its plainest terms, and the instruction given should be direct and quite definite. There are also in the book some passages to which we should hesitate to commit ourselves in endorsement. In his plea for separate beds, or even separate rooms, for the husband and wife, Dr. Stall says: "There are also the questions

of adequate ventilation, the absorption of the exhalations of each other's bodies, the weaker being injured by the fact that the stronger is likely to absorb vital and nervous force, and also the equalisation of magnetic elements, which, when diverse in quantity and quality, augment physical attraction and personal affection." This appears to hint at an unconscious *vampirism*, to which, so far as we are aware, the present state of knowledge gives no support. Similarly, in demanding from every young husband the disuse of tobacco, our author states that smoking "so permeates your entire being as seriously to affect the children which you beget and bring into the world."

But, if here and there Dr. Stall oversteps the limit of knowledge, his attempt to inculcate marital moderation, mutual forbearance and an enhanced respect for the purity of the race and of the individual is one which we are compelled to approve. He has treated a delicate matter in a conscientious manner, and we hope that his work may fall into the hands of those who may benefit from it.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the session 1900-1901 was held at the London Homœopathic Hospital on Thursday, January 3rd, Mr. Dudley Wright, F.R.C.S., president, in the chair.

NEW MEMBERS.

James Andrew Blair, M.D., C M. Edin., D.Sc. (Pub. Health), L.R.C.P. Lond., of Windsor Terrace, Newcastle-upon-Tyne, and Wilfred Grantham Hill, M.D. Brux., L.R.C.P. Lond., M.R.C.S. Eng., of the London Homœopathic Hospital, W.C., were duly elected members of the society.

The following specimens were exhibited: (1,) Large malignant kidney; differential diagnosis; (2,) Papillomatous degeneration of an ovarian cyst; and (3,) Fibroma of ovary, patient ultimately dying of malignant disease, all by Dr. A. E. Hawkes.

SECTION OF SURGERY AND GYNÆCOLOGY.

SOME CLINICAL CASES.

Dr. Hawkes (Liverpool) read a paper entitled "Some Clinical Cases," of which the following is a summary.

(1,) *Papilloma of the Ovary in a Child*.—The patient was

ten years of age, with an obscure history. On the right side of the abdomen there was a hard, elastic tumour, extending from the symphysis pubis upwards and outwards to a level with the last ribs. Malignancy was suspected, and an abdominal section led to the exposure of a cyst from which about twenty ounces of dark grumous fluid was abstracted. Part of the tumour was semi-solid, the remainder being of a sebaceous character. There was persistent sickness, but some improvement had taken place, when the abdomen became distended again until the cicatrix began to give way. Ultimately the child died some five or six weeks after operation. At the post-mortem the abdomen was found to be full of fluid; solid masses were adherent to the intestines and omentum, and another solid mass was found in the left iliac region.

(2,) *Empyema during pregnancy*.—The patient, a married woman aged 30, was admitted to the hospital December 29th, 1897, with symptoms of pneumonia. Five days later, as there was an absence of breath sounds, no pneumonic expectoration, and as the dyspnoea and palpitation were very marked, the aspirator was used, and 63 ounces of thick serous fluid were withdrawn. On two other occasions fluid was withdrawn—32 and 41 ounces respectively; and then, as no progress was being made, a portion of the rib was removed. The patient left the hospital on March 10th much better, but on the 30th premature labour occurred, and the following day the patient died, death being chiefly due to cardiac failure, which during the illness had caused much anxiety.

(3,) *Typhoid fever during pregnancy*.—Patient, aged 37, was suffering from enteric fever when admitted to the hospital. She had diarrhoea, and the urine gave the characteristic reaction with sulphanilic acid. The temperature rising to 104°, she was put into a bath at about 70° F., when it fell to 101°. This was repeated next day, and altogether she had ten cold baths. She was delivered without anxiety at full term.

A discussion on this paper was taken part in by Drs. Burford, Hughes, Moir, Goldsbrough, Roberson Day, and included a reply by Dr. Hawkes.

NASAL SUPPURATIONS.

Dr. Vincent Green (Wimbledon) read a paper bearing this title.

General purulent rhinitis, Dr. Green pointed out, is an extremely rare condition. A purulent nasal discharge is almost invariably due to local disease—when *acute* is often the sequelæ of certain exanthemata, *i.e.*, influenza, erysipelas, scarlet fever, etc. *Chronic* localised suppuration is usually

the sequel to acute. The cavities oftenest attacked are the antrum of Highmore. Of all the cavities, the sphenoidal sinus undergoes least change when the seat of disease. The *symptoms* may vary a good deal; the discharge may be from anterior nares or entirely post-nasal, or from both. A dry, glazed condition of the pharyngeal wall is diagnostic of the existence of nasal suppuration. It may be taken as an axiom that in the great majority of cases mucous polypi are pathognomonic of localised suppuration. Amongst others, headache is a very important symptom.

For the proper carrying out of a diagnosis, a careful examination of the interior of the nose is necessary. Empyema of the frontal sinus is characterised by continuous discharge of pus, tenderness on pressure on the superior internal angle of the orbit, and frontal headache. When the suppuration is situated in the post-ethmoidal cells the pus is usually very copious. Polypi are frequently present, and tenderness and pain at the root of the nose are also characteristic. For sinusitis, especially with caries, the only drug found of any avail has been aurum teriod. in the third decimal. In acute cases pulsatilla is always given.

The president, Drs. McNish, Jagielski, Black Noble and Moir, took part in a discussion of the subject, and Dr. Green replied.

A Case of Vesical Calculus: Treatment and Cure.

Mr. Clowes Pritchard, M.R.C.S., L.R.C.P., B.A. (Hastings), presented the following notes: The patient was a milkman, 50 years of age. In 1869, in consequence of having passed a lot of "red sand," and suffering much, he went into Guy's Hospital, where a sound was passed, but no calculus could be found. An increasing frequency in the acts of micturition, with sharp pain, followed, the patient getting worse and worse until life became a misery, and he was compelled to give up all work in 1892. In April, 1900, he came under Mr. Pritchard's care, and a diagnosis of vesical calculus was made. The bladder was opened by the suprapubic method, and the calculus easily removed. A medium-sized drainage-tube was inserted in the bladder, and a catheter passed per urethrum and secured. On the fifth day a little urine began to escape through the catheter instead of through the drainage-tube, and this amount gradually increased. On the twenty-third day the sinus would barely admit a probe, and a month after the operation the patient was up and left the hospital, feeling quite well.

The above case will show that even where cystitis exists it is possible to do the suprapubic operation for vesical calculus with a successful issue.

The president, Dr. Roberson Day, Mr. Knox Shaw, Drs. Moir and Burford, made some remarks on this case, and Mr. Pritchard, as a former resident medical officer of the London Homœopathic Hospital, was congratulated on his success.

LIVERPOOL BRANCH.

The fourth meeting of the session was held at the Hahne-mann Hospital, Liverpool, on January 10th, the president, Dr. Smith, in the chair. There was a fair attendance.

Dr. Edward Lucas Hughes showed a *Case of (?) Malignant Angioma* in a woman aged 52. She had a tumour on the right upper eyelid about the size of a kidney bean, the skin of the eyelid being freely movable over it. It was circumscribed and slightly lobulated on external examination, and an attempt to evert the lid caused pain. She first noticed a lump about fifteen months ago, which she states reached its present size in the course of a few weeks. It very frequently bled, but never at any time caused her much pain. She went to the Bootle Hospital, where she remained as an in-patient for several weeks on four different occasions, electrolysis, etc., being employed, but with little or no benefit. The doctors there wanted to remove it, but she would not submit to any operation. Since April she has been under Dr. Simpson, who treated her with hamamelis and advised operation, finally persuading her to come up to the hospital. On everting the lid (cocain being injected hypodermically) the palpebral conjunctiva is found to be entirely infiltrated by the growth, which presents from this surface a fungoid appearance resembling a sarcoma, and bleeds freely. The eyeball moves freely, and is apparently not affected. There is a small incised wound at the upper edge of the inner canthus, near the caruncle, made, no doubt, when in the Bootle Hospital, with a view to relieving tension in the superior lachrymal passage.

ACUTE CATARRHAL AND BLENORRHEAL OPHTHALMIAS.

Dr. Hughes began by mentioning the importance to the general practitioner of a knowledge of the purulent or mucopurulent eye inflammations, describing the severe catarrhal cases which occur in epidemics, or are caused sometimes by improper treatment of conjunctivitis, limiting the term "conjunctivitis" to less severe inflammation. He dwelt fully upon the nitrate of silver treatment and the homœopathicity of this drug, and also mentioned a number of other remedies to be given according to their indications. There were two

classes of acute blenorrhœal patients : (1,) New-born children ; (2,) Adults whose eyes had become infected by means of gonorrhœal pus. He emphatically insisted upon wise prophylaxis in all cases—a modified Crede's method in the one class, and the warning of patients in the other.

Mention was made of the joint trouble which sometimes occurs in infants following on acute blenorrhœa. The rare disease known as "acute trachoma" was mentioned on account of its bearing a clinical resemblance to the other forms of eye inflammation. Finally Dr. Hughes said a few words concerning the different bacilli found in these eye diseases.

A discussion followed, in which the points most touched upon were (1,) The value of nitrate of silver locally and internally, and (2,) The propriety or otherwise of prophylactic treatment against ophthalmia neonatorum.

A vote of thanks to Dr. E. L. Hughes terminated the proceedings.

NOTABILIA.

POISONING BY IODOFORM.

THE following case of iodoform poisoning by Dr. Eustace, of Dublin, is reported in the *British Medical Journal*. In two cases of poisoning by swallowing iodoform which occur in the *Cyclopædia of Drug Pathogenesis*, the most marked symptoms are diplopia and a curious condition of lethargy alternating with active delirium in which the patients leave their beds, etc. The dose in Dr. Eustace's case was a small one. Iodoform gauzes are made in strengths of five, ten and twenty per cent. by weight ; two square inches even of the strongest would contain very little. Surgeons have learned by experience that iodoform poisoning by surface absorption is a matter of idiosyncrasy, and the same variability probably obtains with regard to ingestion of the drug.

"E. W., aged 35, although partially demented, was physically healthy with the exception of a small superficial sore on the right ear.

On July 21st, at 11 a.m., I applied a dressing of iodoform gauze, two layers thick, and one inch square, to this sore on the ear.

On the morning of the 22nd the nurse in charge of the case found the patient in bed and the extremities very cold, the face anxious, the breathing normal, with the pulse poor. She soon became very restless, micturated involuntarily, and

delirium of a muttering type was present. No erythema was visible, and no sample of urine could be obtained.

The pulp of chewed-up wood-wool and iodoform gauze was found in her bed; and she had evidently sucked the dressing during the night, and stated she had done so. She was given an emetic of mustard and water, which acted promptly. Hot water bottles were then applied to the extremities, and the patient rallied and drank hot milk. At noon on the 22nd the patient was given some nourishment, but vomited immediately, and complained of pain in the abdomen, and again collapse threatened. She was able to retain hot coffee, and with the exception of a rise of temperature to 102.4° F. that evening, she recovered without further symptoms of poisoning, and was up on July 23rd.

The amount of iodoform in such a dressing must have been very small, but the patient must have been peculiarly susceptible to the drug. Dr. Fox has reported a case of iodoform poisoning by smell only, but in all other reported cases that I can find the drug has been absorbed from the dressing through a raw surface, and therefore I venture to report this case in which the drug was taken directly into the stomach."

CRATÆGUS OXYACANTHA.

THIS drug, of which Dr. Arnulphy speaks very highly in an article translated in our present issue, has a curious history. Mr. Anshutz records (*New, Old and Forgotten Remedies*, p. 109) how "Dr. Green, of Ennis, Ireland, for many years had a reputation for the cure of heart disease that caused patients to flock to him from all parts of the United Kingdom. He cured the most of them, and amassed considerable wealth by means of his secret, for, contrary to the code, he, though a physician in good standing, refused to reveal the remedy to his professional brethren. After his death, about two years ago (*i.e.*, in 1894), his daughter, a Mrs. Graham, revealed the name of the remedy her father had used so successfully. It is *Cratægus Oxyacantha*. . . . Dr. Jennings procured for himself some of the remedy, and his experience with it explains Dr. Green's national experience."

Translated from the Latin, *Cratægus* stands confessed as the English hawthorn—or white may, the fresh berries of which when pounded and macerated with twice their weight of alcohol furnish the mother tincture.

The three following cases, reported by Dr. Halbert in the *Medical Era* form a useful pendant to Dr. Arnulphy's paper.

"Cardiac diseases are presumed to be so complicated that many hesitate to diagnose, prognose, or outline a treatment. As a matter of fact none of the viscera are so applicable to physical examination as the heart; the number of diseases which afflict it are not so numerous as text-books often claim; and the complications may often be figured out with accuracy when the anatomical and physiological principles are understood.

We must remember that the heart reflects the extreme symptoms of nearly all other diseases, and thus in treatment we are not obliged always to apply our remedies directly to this organ. Therefore the multiplicity of terms relating to the study of cardiac diseases should not offer any discouragement to our pathological study or our treatment of the case.

My next presumption is to the effect that too many of us fear an unfavourable result in our treatment, and hence we are liable to seek the specialist when our own persistent efforts might bring us satisfactory results. Unless the organic impairment has become extreme, the heart will respond to remedies with remarkable precision. Even when this tissue change has reached an alarming state much functional improvement may be accomplished by careful and systematic treatment; and to restore a function is the first step towards the relief of any organic development. The heart, as the vital centre of our physical existence, seems to call upon nature for compensation with unerring results. If we only do our part with equal judgment and fortitude our results will reward our efforts. As I recall my professional experience, both clinical and private, I am encouraged to hope for results in cardiac diseases where failure in other lines has occurred.

It is my effort to make this paper as brief as possible; therefore I shall only relate a few cases which have come under my observation, and which, I may say, have renewed my courage in the treatment of such diseases. I believe the tendency in society essays is too much towards pathological and etiological study, when, in fact, our discussions should be more in consideration of practical treatment. In this way, by mutual interchange of experience, we shall come nearer to that which helps us at the bedside.

I must confess, in the beginning, that I believe in the genuine totality of symptoms, providing they are cardinal and applicable to the pathology of the case. I do not by this mean the multiplicity of text-book or *materia medica* symptoms, which are often confusing and conflicting, and would require a lifetime to master. I mean the conditions and symptoms of disease which are simulated by the action of a drug. Therefore

no specific or panacea exists, and we are to apply our remedies in diseases of the heart in accordance with indications just the same as in any other disease. To this principle we are to add all the experience of advanced science, together with the adjuvants of advantage in the treatment of any disease.

CASE I.—Aortic Regurgitation. The patient, a man thirty years of age, presented himself at my clinic a little more than a year ago. Without detailing the physical diagnostic features, I may say that I defined his case as a typical aortic regurgitation. From symptoms and examination I was convinced that a progressive sclerosis had affected the segments, permitting them to curl up and cause the regurgitation. This had evidently come from some prolonged and not a sudden strain upon the heart. He was a driver for a grocery firm, and his vocation kept him on the jump. Evidently alcoholism had been the early cause, and he was not free from syphilitic suspicion.

With the aortic regurgitation there was a slight mitral murmur, showing that the sclerosis had disseminated and that probably a previous dilatation had existed some time before the heart muscle fully compensated.

At the time of my first examination the cardiac symptoms were not extreme. He really came for stomach relief, and his complaint was mostly in the form of gastralgia. In getting his symptoms I was satisfied that *Argentum nit.* was his remedy, for the following reasons:—First, a neurotic temperament with a specific and alcoholic history. Second, a violent belching of gas, worse at midnight. Third, a peculiar heavy lump in the stomach, worse at midnight. Fourth, the paroxysmal gastralgia, not relieved by pressure. Fifth, mucopurulent discharge from the bowels. Sixth, a paralytic weakness of the lower limbs, with tremulous choreic movements. These symptoms, together with the degenerative and debilitating tendency, confirmed my satisfaction with the remedy. For this picture of the case the prescription was made.

As the weeks passed by the improvement was very pronounced. The attending symptoms gradually began to disappear, and in the meantime the cardiac features became less severe. He gained in flesh and strength, and his power of endurance almost reached the normal point. He began to feel that he was well. Thus, as the symptomatology cleared up, his heart improved—truly a confirmation of our theory of practice. But all of a sudden he suffered a serious attack with anginal symptoms—dyspnœa, palpitation, pain, and all the extreme cardiac symptoms appeared. During this, severe

dilatation occurred; the regurgitant sounds became more pronounced, the apex beat was displaced decidedly, and it took the best of care to get him through the dangerous features of the attack. Now our indicated remedy did no good, and compensatory hypertrophy failed decidedly. Then he was given *cratægus* tincture, five-drop doses every three hours. After a time some improvement was observed. The remedy was continued faithfully, and soon he was out; a little later he went to business, but he reported regularly. The remedy was continued for several months regularly; then it was given intermittently for months longer. To-day he is well, and *cratægus* has cured him. I do not mean to say that the heart is normal, but the dilatation has been overcome, the heart muscle has formed a safe compensatory hypertrophy, the rhythm is more perfect, the heart sounds are more natural, he is able to endure considerable strain, the systemic symptoms are better, and the heart will last him as long as he gives it reasonable care.

CASE II.—Aortic Regurgitation. This is another and similar case, though occurring in a young man twenty years of age. In reality, the typical cardiac involvement began much earlier, and was allowed to augment through the carelessness of a physician who said the boy would outgrow it. He was addicted to bicycle riding, and during a summer in Switzerland he tried to ride many hills. He was seized with a severe attack of cardiac dilatation and nearly lost his life. His physician there evidently used *digitalis* to an extreme, and though he rallied from the attack compensation was not perfect. Soon after a physician gave him *apocynum* and, as it helped him, it was continued for some time with success. It seemed to be his remedy, but he evidently used it until the physiological effect made him worse.

During another attack this summer I was called. I never saw such a case in my life. The precordium was bulging, the apex beat was down to the outer border of the sixth rib, the right heart was greatly enlarged, epigastric pulsation was pronounced, the whole chest wall gave a violent and heaving impulse, both aortic and mitral regurgitation were extreme, the dyspnoea was terrible to behold, and cyanosis was evident. I had no idea we could hold him twenty-four hours. *Strychnia*, *digitalis*, and nearly every remedy and adjuvant I could think of, for immediate relief, were used with only temporary effect. He continued with a little intermittent improvement for several days, and then I determined to use *cratægus* and hold to it, as I had no hope of recovery. Five-drop doses were given four times daily, and this was gradually increased to

eight drops. There were no decided changes for a few days, though the heart's action became more quiet. We kept him in bed, and took the best of care that there should be no physical exertion. At the end of two weeks the improvement was quite pronounced: It was plainly evident that the cardiac muscle was gradually compensating under the remedial action of *cratægus*.

From some accountable carelessness he contracted a severe cold, and a slight pneumonia intervened. The remedies were now changed, according to the indications of the acute symptoms, and we nursed him through the affliction, though we almost lost hope. About this time the cardiac tension and irritability were most extreme, but the heart muscle behaved very well. He was given *convallaria* tincture, five-drop doses, four times daily, in conjunction with his other remedies. This acted well for a time, but as the pneumonia was relieved the cardiac muscle again became weak, and there were the old signs of failing compensation. Again I prescribed *cratægus* and watched him carefully. For weeks we observed a gradual recovery; he was then sent to the country, and the remedy was persistently continued. Not hearing from him for several months I supposed he had called another physician. A few days ago, however, I met him on the street; he said he was "all right" and was attending to business. He claimed that his heart was causing him little trouble, but he was using the remedy continually. If I could only present this one case to you my statement would be amply confirmed.

CASE III.—Mitral Regurgitation. To make this report brief I will say that this patient was a lady forty-five years old; cardiac disturbances were inherited, inasmuch as her father and mother had died with this malady. She was a regular patient of mine, and I had struggled for years with her disease, never having been able to do more than palliate. She had drifted from one doctor to another, and had exhausted every effort and most of her means for relief which did not come. *Strychnia*, *strophanthus* and *digitalis* had been mostly used by the other physicians.

Finally the patient came to me again about two years ago. The heart had now become greatly enlarged, compensation had failed, and all the extreme characteristic symptoms were present. I sent her home and told her to go to bed and get a nurse. I then began a systematic course of treatment. In conjunction with other remedies *cratægus* tincture was prescribed as in the previous cases reported; it was continued for a long time. Gradually improvement was apparent. After a while she was able to be about. She was sent to a warmer climate for the winter. She returned last spring apparently

well, though the heart was not as it should be. She now became extremely careless, as she believed herself well; she overworked and was accustomed to go up and down stairs without caution. A severe fright brought on a relapse, and after a long course of illness she died.

While, in this case, there was no cure, there certainly was an evident improvement under the use of *cratægus*. Had she been more considerate of herself and had other conditions been more favourable, I certainly would have expected better results.

In commenting upon these cases I would make the following statements :—

1st.—I do not wish to intimate that *cratægus* is the only remedy in the treatment of cardiac diseases, or that it should be used in all cases.

2nd.—The particular indication for its use is found in the symptoms defining the failure of compensation. In physiological doses given to the healthy it will create these symptoms accurately.

3rd.—The reported failures in its use by other physicians do not, to my knowledge, represent the consensus of opinion gained by those who have given it a long and studious trial.

4th.—In order to obtain good results it must be used for some time. It is best employed in tincture form, and does not interfere with other remedies."

THE DANGERS OF CACODYLATE OF SODIUM— A WARNING.

The *Medical Press and Circular* of the 19th ult., contains the following letter on this question from Dr. William Murrell.

"FOR days and weeks past the daily press has been filled with articles and letters on Prof. Armand Gautier's wonderful discovery of a positive cure for phthisis. Cacodylate of sodium, we are told, is an organic combination of arsenic, containing 55 per cent. of arsenious acid, and it is stated that it may be safely administered hypodermically, by mouth or by rectum, without the slightest fear of the production of toxic symptoms. We are induced to believe that it possesses all the curative properties of arsenic without any of its dangers. Gautier recommends it in doses of 5 centigrammes, hypodermically, whilst Vidal and Merklen confirm his statements. Galliard has never seen any untoward results even from doses of from 20 to 40 centigrammes given by mouth. They agree that it is practically a specific for all forms

of tuberculosis, and cured cases of phthisis are spoken of as if they were common. The story, it must be admitted, does not seem feasible, but on the other hand it is difficult to disregard the evidence.

I have tried it—cautiously, I am happy to say—and I have had a rude awakening. I gave the drug in doses of about a third the minimum quantity recommended by the French authorities, and by mouth instead of hypodermically—that is, 1 grain in the form of pill three times a day. The patient, a girl of 21, suffering from phthisis, after taking eleven doses, developed symptoms of acute arsenical poisoning. She had constant vomiting, the tongue looked like a piece of raw beef, the conjunctivæ were inflamed, the eyelids were cedematous, and the breath was gangrenous in odour. In addition there was peripheral neuritis with wristdrop, and paralysis of the left leg. The symptoms, with the exception of the odour in the breath, which was noticed on the second day, came on suddenly. There was no diarrhœa, and there was no albumin in the urine. All this happened in spite of the fact that every possible precaution was taken. Only a small dose was employed, the patient was under constant observation, and the drug was obtained from one of the best-known firms in London.

On turning to the advertisement columns of the medical papers I find it stated that cacodylate of sodium “affords a new method of administering arsenic in a form which produces no gastric irritation, or any of the unpleasant symptoms attending the use of arsenic in its inorganic combinations.” I cannot but think that a grave responsibility rests with those who make such statements.

I hope, in due course, to publish details of this case, but meanwhile, I would ask prescribers to be careful in the use of this dangerous drug.”

If Dr. Murrell will substitute the iodide of arsenic in the dose of the one-hundredth of a grain three or four times a day for Mr. Gautier's composition, he will derive all the good that arsenic is capable of contributing to the cure of phthisis—and it can do much, especially in the acute forms. We will not mention how this therapeutic fact was first arrived at, in case such knowledge should deter him from using it.

POISONING BY CREASOTE.

The Lancet (Jan. 12th) quotes the following case from the *Intercolonial Medical Journal of Australasia*:—“A girl, aged

three and a half years, swallowed about two drachms of creasote. Immediately she complained of abdominal pain, and was given a tablespoonful of olive oil. She rapidly became unconscious. About twenty minutes afterwards, when she was seen by Mr. Hewlett, she was insensible, with pale face, cyanosed lips, shallow respiration, and imperceptible pulse. The eyes were fixed, the pupils were contracted and immobile, the extremities were cold, and the muscles were flaccid. The stomach was washed out with about two quarts of warm water. A small quantity of food was present, and the washings smelt strongly of creasote. The stomach was next washed out with two pints of a strong solution of magnesium sulphate, and about six ounces were left in the viscus. Strychnine, $\frac{1}{8}$ th of a grain, was injected hypodermically, and she was put in blankets and surrounded by hot blankets. An enema of Liebig's extract and brandy was also given. About eight minutes after emptying the stomach the colour of the lips improved, and the pulse became perceptible. Ten minutes later the colour was good and the respiration was full and regular. The pupils were still contracted but reacted to light, and the extremities were warm. In a couple of hours she drank white of egg and milk, but complained of pain over the stomach, which was relieved by hot fomentations. Urine passed many hours after taking the drug was dark brownish. The first motion was also dark, and smelt strongly of creasote. A second sample of urine was of a watery green colour. No after-effects followed, and in a couple of days the child was running about again. Creasote closely resembles carbolic acid in its action, but is a weaker caustic, and does not produce convulsions."

GASTRIC ULCER AND HÆMATEMESIS.

IN a discussion on gastric ulcer at the annual meeting of the British Medical Association at Ipswich, in 1900, the following two cases with remarks by Miss Julia Cock, M.D., Senior Physician to the New Hospital for Women, are too interesting and instructive to be passed by without record in our journal. Her remarks at the end as to the dangerous results which may follow exploratory incisions, made for the purpose of diagnosis, are well worth pondering.

Miss Cock said: "I should like to report two cases which illustrate in a startling way the great difficulty in diagnosis which may arise when clinically some of the more important symptoms or complications of gastric ulcer are closely

simulated in patients who are not, as a matter of fact, the subject of gastric ulcer. Such cases are probably not extremely rare. These have been selected from others of a like nature occurring at the New Hospital for Women, because in both diagnosis was brought to the test of actual examination. In case 1 after death, in case 2 by exploration of the abdomen on two separate occasions during life.

CASE I.—A girl, aged 17; housemaid. Admitted to the New Hospital for Women, November 29th, 1895, with certificate from home doctor of urgent hæmatemesis.

History of present illness.—Quite well until November 14th (two weeks before admission), when she began to have pain after food in the epigastrium. No vomiting occurred till November 27th, when she vomited twice. On November 28th she became faint and giddy, and vomited "a large quantity" of bright blood.

On admission she was blanched, but not excessively; not collapsed; complained of no pain. Temperature 98·8°; pulse 88. Some epigastric tenderness, not marked and not characteristically localized. Examination of the chest showed nothing abnormal.

Treatment.—Absolute rest in recumbent position; nutrient enemata; sips of water by mouth. She did well until December 1st, when she vomited twice, bringing up first ten ounces of bright blood, and an hour after eighteen ounces, dark and clotted. After this she was blanched and faint. Pulse rapid and feeble 120. Restless, and complained of abdominal pain; temperature subnormal. She rallied, and on December 10th was taking milk by the mouth without pain, tenderness, or vomiting.

December 16th. Patient complained of sudden severe epigastric pain, and the temperature rose to 102°. In the evening the temperature was 105°, and marked epigastric tenderness developed. The abdomen was not distended except in the epigastrium, and moved with respiration in the lower two-thirds. From this time signs pointing to a small subphrenic abscess were developed, namely: (a) Fulness and marked tenderness and pain in the epigastrium; (b) temperature rising to 103° or 104° in the evening; (c) signs at the base of the left lung of pleurisy and pneumonia; (d) an area of tympanitic resonance over left lower chest. The question of surgical interference was discussed, but on the whole it was thought best to wait until the collection came within reach, and not to risk the conversion of a localised into a general peritonitis by premature operation.

On December 20th the patient became suddenly worse, and died of heart failure without any change in the physical signs.

The *post-mortem* examination showed the following condition: (1) The right lung and pleura were healthy. The base of the left lung showed pneumonia and pleurisy, marked involvement of the diaphragmatic pleura in the inflammatory process, with adhesions to diaphragm and base of lung. (2) The abdominal organs were normal; the stomach was healthy, and there was not the slightest trace of ulceration, recent or chronic; there was no subphrenic abscess. The œsophagus and intestinal tract were healthy. The vessels of the portal area were normal. No source of hæmorrhage was found, and the body showed no trace of disease except that noted above.

This case seems worthy of record on account of the close and coherent simulation of gastric ulcer which it presented in the following points: (1) The age, sex, and occupation of the patient; (2) the history of pain after food, vomiting, and severe hæmatemesis, followed by a resemblance to perforation and subphrenic abscess, so exact as to mislead experienced observers, both medical and surgical.

It would be interesting to hear to-day some suggestion as to the possible source of hæmatemesis occurring in young women who are not the subjects of gastric ulcer. Clinically, one strongly suspects that such hæmatemesis occurs in these patients more commonly than is usually believed, and in the case quoted the presence of severe and repeated hæmatemesis with no gastric ulcer was conclusively proved. The patient died of pneumonia, having already been debilitated by loss of blood; the source of that loss we did not discover.

CASE II.—A woman, aged 34. Charge nurse at the New Hospital for Women. Warded on December 19th, 1898, with acute epigastric pain, vomiting, and distension of abdomen.

Past History.—Always delicate. Eight years ago had severe hæmatemesis, and was treated for gastric ulcer. A year and a half ago had pleurisy and congestion of lungs; ordered to Ventnor. While there had severe gastric pain and slight hæmatemesis. After six months went on duty as nurse at the North London Consumption Hospital. While there had three attacks of hæmatemesis. One night was seized with violent abdominal pain, collapse, and distension. Laparotomy was performed by a distinguished surgeon, under the impression that a gastric ulcer had perforated. No perforation was found, no adhesions, and no discoverable sign of gastric ulcer.

Since coming to the New Hospital for Women two months ago she had constant pain after food, with vomiting which only slightly relieved. On the 18th she was put to bed and treated by rest, rectal feeding, and afterwards by careful feeding by the mouth. Progress was unsatisfactory; pain and vomiting continued, there was almost daily distension of coils

of intestine, the abdomen was resistant and somewhat tender. No fluid or definite masses could be made out. The temperature rose to 100° each night. Chronic peritonitis was thought to be present, either the result of inflammation set up by a slowly-perforating gastric ulcer, or due to tuberculous infection of the peritoneum, with adhesions hampering the stomach and intestines. As a month of careful treatment had failed to produce any improvement and the patient was losing ground, it was decided to open the abdomen a second time with the intention of searching for peritoneal adhesions, and if possible freeing the organs involved. Laparotomy was accordingly performed by Mrs. Scharlieb on January 22nd. Chronic peritonitis was found with numerous adhesions; two strong bands were attached to the greater curvature of the stomach. All adhesions were divided. The stomach was carefully examined after freeing. Nothing to indicate disease of its coats was detected by the eye or with the finger. The peritonitis was thought to be simple and the result of mechanical interference with the peritoneum at the time of the first laparotomy. Subsequent microscopic examination confirmed this view. The patient made a good recovery and left the hospital on February 17th.

This case also shows how closely the graver complications of gastric ulcer may be simulated by other conditions. One would especially emphasise the hæmatemesis and the resemblance to symptoms of acute perforation at the time of the first laparotomy. It is worth remembering that an exploratory laparotomy may be followed by troublesome and even dangerous chronic peritonitis, as in this case, a fact which should have its weight in deciding on abdominal section for purposes of diagnosis."

THE OPERATIVE TREATMENT OF POSTERIOR UTERINE DISPLACEMENTS.

FROM the "Current Comment" pages of the *Homœopathic Journal of Obstetrics, Gynæcology and Pediatrics* we quote the following summary of a paper by Dr. A. M. Cartledge:—

"The question about *posterior displacements* with broken perinei is one of great interest. About three of these cases apply to every gynæcologist and general practitioner to one of other pelvic trouble. A woman comes into your office complaining of backache, headache, constipation, leucorrhœa, etc.; you put her upon the examining table, and the chances are ten to one that you will find the perineum broken or

probably torn down to the sphincter muscle; you come in contact with the cervix low down, with a posterior displacement of the uterus; you may or may not be able, without an anæsthetic, to put your finger behind it and raise it up.

"We have what is known as the pessary school, replacing the uterus either by means of the fingers with the patient in the knee-chest position, or reposition by other means, and then a pessary is inserted to hold the uterus in position. Next we have those in favour of plastic operations for the cure of these cases without pessaries or other means of suspension. Then we have men going to the other extreme, claiming that replacement does no good, and who make an incision and practice fixation; and along with this class comes Alexander, who advocates shortening the round ligaments and nothing else.

"There is no unanimity of opinion among the profession at present in regard to the treatment of these cases. In the majority of instances when these women come to us the uterus is one-third or one-half larger than it should be from the prolonged displacement, and there is a torn perineum. Now, in such a case, we may do a thorough plastic operation, which will be a perfect success, if we get the fibres of the levator ani muscle, which is really the secret of it all. I saw a woman not long ago whose perineum was torn into the bowel, yet the uterus was held up in ante flexion. This might lead a superficial observer to say that the perineum had nothing to do with holding the uterus up in proper position. Pressure of the bowel had been brought to bear on the sphincter muscle, yet she did not have that wide groove that we sometimes see in median tears, with separation of the fibres of the levator ani. That the perineum does not support the uterus I feel certain; but it does support the vagina, and it is the vagina that pulls the uterus down.

"The question is, What shall we do with these women? If you do a plastic operation—a perineorrhaphy—in the course of time the woman may get well; but there is the question—the course of time. If she is a rich woman and you can send her away to rest, tone her up, give her laxatives, etc., in the course of time the vaginal muscles will regain their normal tone, the fecal masses going in the right direction; gradually the uterus will become lighter and remain in its proper position. But in nine out of every ten cases in which you do this operation, in the course of two months the patient will come back; she will have the same character of backache, headache, etc., and the uterus will not remain in position. If she has not improved under your treatment, she may consult another physician. There are two things which

must be borne in mind in this connection: First, without radical work the woman must have sufficient intelligence to understand that she must devote at least ten months to getting well if she has a posterior uterine displacement; and, second, if she wants quicker action than this she must submit to plastic operation, and then suspension.

"In the majority of these cases I believe that three operations will be found necessary, viz., trachelorrhaphy, perineorrhaphy, and ventral suspension. Taking all things into consideration, and taking the cases as they apply to you for treatment, it would be better to carry out these three procedures, unless, as previously stated, the patient can devote at least eight or ten months to getting well.

"Another question is, "Shall we do the Alexander operation? I am not satisfied that this is the best operation, or it may be that I am not able to properly perform the operation. When I read the marvellous results of other operators by this method, I am almost forced to the conclusion that I cannot perform the operation satisfactorily, as in many instances the uterus is not thereby held up in proper position. I can do a ventral suspension in one-tenth the time required for an Alexander, with one incision, and consequently one scar instead of two, with practically no danger so far as I know.

"This subject is one of great importance, and I desire to say that I feel satisfied of one thing, viz., that the separation of the fibres of the levator ani muscle allows pressure from the abdominal contents to be exerted in front instead of posteriorly, the vagina being forced downward, pulling the uterus along with it."

SULPHUR AT THE MENOPAUSE.

"WHEN this remedy is indicated, the individual is apt to present certain physical peculiarities, old land-marks as it were, so familiar to you all that I would not recall them were it not for the fact that they go to make up the picture which I wish to focus upon your mind's eye. We are told that the constitutional bias under sulphur is the keynote to the remedy. An old student of materia medica is generally able to prescribe sulphur without putting a single interrogation to his patient. He notes the stooping shoulders, the narrow chest, the dirty hue of the skin, where the marks of past eruptions are still apparent to practised observation, the temperament of the patient as indicated in facial expression, carriage, movement, voice—all bear their quota of significance.

"The woman is sure to complain of headache, usually a

vertex pain. She will tell you of her burning feet, her smothering spells, and the tormenting hot flushes indicative of the general vaso-motor disturbance that is so often a morbid accompaniment of this period. She will complain of intense itching and burning in the vulva ; any leucorrhœal discharge that she may have will be acrid and excoriating. If she suffers from metrorrhagia, the flow will be thick and black and markedly intermittent, like creosote. Her appetite is variable ; on rising in the morning she feels no desire to eat, but grows faint and hungry around 11 a.m., and must then satisfy her craving, or she knows she will succumb. She is irritable in mood, exacting and imperious, a difficult person to live with, disposed to over-estimate her own importance—similar to platina in this respect, though under platina the exalted state of mind has more of the strictly personal in it. Sulphur magnifies the attractiveness of her belongings. She has fantastic illusions ; old rags appear to her fancy like rich garments.”—*Hom. Journ. of Obst., etc.*, January, 1901.

INTERNATIONAL STANDARDS IN HOMŒOPATHIC PHARMACY.

As long ago as August 14, 1886, we reported that Mr. J. W. Wyborn, F.C.S., of Messrs. E. Gould & Son, homœopathic chemists, Moorgate Street, E.C., had communicated to the Homœopathic International Convention, held at Basle in that year, a paper advocating international standards for homœopathic preparations. One of the suggestions that Mr. Wyborn made was that the British Homœopathic Pharmacopœia should be submitted to the American Institute of Homœopathy for approval as a basis for an International Homœopathic Pharmacopœia. Quite recently that suggestion has been carried into effect, and the Institute has compiled a Pharmacopœia in which the British standards are substantially adopted. French and German manufacturers of homœopathic medicines have been stubborn in regard to the matter, and declined to come into line. We now learn from a circular sent out by Messrs. Boericke & Tafel, the leading homœopathic house in the United States, that they have now resolved to follow the Institute's example. This firm hitherto had opposed the British standards, and their agreement is of considerable importance because they import very largely from Germany, and thus Germans will be compelled to follow the British standards which they have ingored.—*Chemist and Druggist*, January 5th.

"Everyone who has the good of homoeopathic pharmacy at heart will be glad to know that the obstacles to international unity are likely to be overcome. There must be a "best way" in such matters, and, once discovered, it should be adopted by all. Were it only for the benefit of the physician, it is highly desirable that in whatever language a drug is mentioned it should mean the same plant or substance prepared in the same way, and the dilution or attenuation should connote some standard known and approved by all. We hope before long to be able to congratulate Mr. Wyborn upon the complete if tardy, adoption of the wise suggestions made by him in 1886.

EXERCISES FOR TABES DORSALIS.

IN the November issue (1900) of *The Journ. of Physical Therapeutics* is an interesting article by Dr. L. Vorstädter, of Bialystock, Russia.

The object of his system of exercises is to train the patient to utilise the sense of sight to aid the outgoing motor excitations.

He divides them into :—

I.—"DIRECTIONAL EXERCISES," whose chief object it is to correct the abnormal *direction* of movement.

II.—"TIME EXERCISES," which are directed against the abnormal *speed* of the movement.

III.—"INTENSITY EXERCISES," whose aim it is to regulate the *energy* of the movement, and *muscle tension* (the footfall).

How he has attempted to attain these ends will appear by the following description.

DESCRIPTION OF THE DIFFERENT CLASSES OF EXERCISES.

I.—*Directional exercises* consist in teaching the patient to follow with his ataxic foot *the outline of a given pattern, in a prescribed direction, without interruption*. This kind of exercise, which I term "continuity exercise," can be performed with or without support.

The supported continuity exercises are :

- (1.) Sliding or rolling exercises.
- (2.) Tracing exercises.
- (3.) Swinging exercises.
- (4.) Shadow exercises.

The free or unsupported continuity exercises are :

- (a) Simple continuity exercises.
- (b) Shadow exercises.
- (γ) Light exercises (positive and negative).

(1.) *The sliding or rolling exercises* are performed by means of a sliding or roller shoe, or sandal. It consists of a wooden sole having four points of contact with the ground.

This shoe is fastened to the foot of the patient by buckles and straps.

Two of the contact points are balls, and are movable in all directions. On the fore part is a kind of holder into which can be affixed a steel pencil with a round end, which can be directed to the right or left side of the foot.

A pattern, drawn on thick and not too rough paper, having been fastened to the floor in front of the sitting patient, he commences to follow the contours of the design with the foot to which the slide or roller-shoe is attached, in such a way that the steel pencil is *uninterruptedly* in contact with the outline of the figure. In very severe cases it is better to use a sheet of stretched cloth, or similar material, instead of paper, as the movements are thus performed much more easily. I use as exercise designs two special drawings about 200 cm. in diameter. One is a system of concentric circles, the other a system of concentric squares. Both are crossed by several lines, and the crossings marked by letters and numbers. Such patterns allow of numberless combinations, which the patient can be directed to perform by the numbers and letters.

(2.) Gradually increasing in difficulty, next come the "*Tracing exercises.*" They are performed with the same shoe, but now it carries a tracing-pen instead of the steel pencil. This pen makes conspicuous tracings of all the movements. The task allotted to the patient is to closely follow with his foot, that is with the tracing pen, a given design. It is advisable to draw the pattern in dotted lines, or in red, and use a black or a blue pencil as a tracer to obtain different and easily distinguishable outlines. In the sliding exercises the tracing pen, or the steel pencil, must be placed to the left for the right foot, and to the right for the left foot. By comparing his markings with the traced line the patient can at once see the slightest inaccuracy in the movement, and can thus exercise the strictest self-control; and his increasing interest in the work will be tantamount to an enhanced psychical excitation.

The tracing exercises can also be utilised for diagnostic purposes, as they distinctly disclose the slightest disturbance in co-ordination. The exercises also furnish an exact indication of the progress of the case.

(3.) *The swing exercises.* Here the patient, standing or sitting, and resting his foot in a free hanging strap, has to follow the contour of a given design with the point of his shoe, in the following manner: To the toe of his shoe is

fastened, by a rubber strap, a pointer with a circular opening at the end. Through this opening the patient should fix his eye upon the outlined figure, and uninterruptedly follow it by a gliding movement of his foot. These exercises can also be performed with the leg kept in a horizontal position. For this purpose the design is fixed to the wall, and the patient rests his leg on the strap in a horizontal position, while he stretches the strings by his hands to raise or lower his foot as desired. The swing exercises are a more difficult form of exercise to the tabetic than the previous ones, as the resistance, which as a centripetal impression should assist the tabetic in performing regulated motions, is so very small in the swing exercises. The resistance can, however, be increased, if the straps are fastened at their middle or in any way made shorter.

(4.) The "*Shadow exercises*," which are a modification of the "Swing exercises," differ therefrom in the fact that, instead of the pointer itself, its *shadow* is used to control the exercise movements. For this purpose the design is illuminated obliquely, preferably by artificial light. The "*shadow exercises*" form a higher combination than the swing exercises, as they require a special attention on the part of the patient, and can only be performed by patients who have already been trained, or in whom the ataxic symptoms are in their early stage. This fact may perhaps be explained in the following way. In the shadow exercises the central perception responding to the sight impulse, which directs and controls the motion impulse, does not come direct from the moved limb, but only from its shadow; that is to say, the reaction between the centripetal and centrifugal impulses occurs only in an indirect way. Or the explanation may be this:—In the shadow exercises the patient is misled by the difference between the real length of his limb, and the shadow.

The "*swing exercises*," besides continuity exercises, permit also of "*hitting exercises*," where the patient has to hit certain points, numbers or letters on the pattern, in such a way that numbers, etc., can be clearly seen through the opening in the pointer. It is advisable not to let the patient begin hitting exercises until he has gained a certain proficiency in the continuity exercises.

(a.) *Simple continuity exercises* are performed by means of the pointer as before, but with the difference that in this case the patient has to move his foot free in the air without support, so that it is only suitable for patients already accustomed to the exercises or in the early stage of the disease. The pattern can be placed horizontally or vertically, and the patient may perform the exercises first sitting and then standing.

The free continuity exercises can also be practised as "stretch and bend exercises," in which case the patient during the stretching or bending of his leg, uninterruptedly looks through the opening in the pointer at a spot of the pattern, so that the movement of his foot must follow a straight line.

(β) *Free "Shadow exercises,"* which are a higher standard of exercises *a*, need no further description, as they are carried out in a way similar to the supported shadow exercises.

(γ) *Light exercises,* which are practised in a dark room on light figures, present a still higher standard of difficulty, inasmuch as the patient can only imperfectly, or not at all, see the moving limb. There is thus less assistance from the sense of sight, but, on the other hand, it is accompanied by an increased excitation of the motor central organs, which is often of great importance.

The light exercises can be performed in a *positive* or *negative* manner, and are used as well as continuity and hitting exercises.

The *positive* light exercises consist in the patient using the shoe-pointer to perform free continuity, or "hit exercises," at lineal light figures, which are produced by a dark lantern direct on the wall or floor, in a dark room. The positive light exercises can be practised after a still more difficult fashion if the patient be exercised upon *moving* instead of upon *fixed light spots*. By means of a hand mirror a light spot thrown on the wall or floor by a dark lantern is by a corresponding movement of the mirror moved slowly or darted about in any desired direction; and it is now the duty of the patient to follow the spot by the movement of his foot in such a manner that he can see it continuously through the opening in the pointer.

This exercise causes the patient special difficulty, inasmuch as he has no previous knowledge about the design, as the direction in which the spot will move is only disclosed by the movement of the spot itself.

To practice hitting exercises with moving light spots, the spot is moved to the desired place, and the patient has to hit the spot at once with his pointer. In a moment the spot is extinguished only to appear in another place, etc. These exercises demand close attention and quickness, as the patient is quite in ignorance of where the spot will appear.

The last kind of light exercise, which I term "*negative light exercises*," generally consist in the patient having to follow certain designs *from his memory*, and in the dark, with his foot. This can be performed in two ways:—

(a,) In a dark room a design is illuminated by a dark lantern, and, after the patient has closely looked at it, light

is cut off. The patient has now to follow the *contour* with his shoe-pointer in the dark, or to hit special *spots*. To facilitate the movement and control it, the design may be *momentarily* illuminated.

(c.) On a sheet of white paper a lineal design or a light spot is projected by a dark lantern, and when the patient has looked at it long enough, it is cut off by a diaphragm or other means. Now he must from memory practise continuity and hit exercises in connection with the design that has now disappeared; and to assist and control his movement, the light now and then is made momentarily to appear.

When the patient is so far advanced that he can perform this exercise with a certain dexterity, then he can at last commence the next exercises in point of difficulty, the "*blind exercises*," that is, exercises with "*closed eyes*." These consist simply in the patient, having closely observed a design, a line, or a spot, "*closing his eyes*" and drawing the design, or hitting, the spot, with the pointer; and to control and assist the movement he now and then opens his eyes for a moment and closes them again.

"REFLECTIONS ON THERAPEUTICS."

DR. HARRY CAMPBELL has an interesting article with the above title in *The Lancet* for January 5th and January 12th. It is from the first part of his article, that namely devoted to "*The Vis medicatrix Naturæ* and the Limitations of Therapeutics" that we propose to quote certain extracts. The whole article is well worthy of study from those who would see what is the mental attitude of an exceptionally gifted physician towards the craft which he practises in the present day.

Dr. Campbell regards disease as a natural variation from the normal, and recovery as a reversion to normal. "As another instance," he says, "let us take the case of a cultivated plant allowed to grow wild—the cabbage, for example. Under such conditions it tends to revert to the condition of its wild congener. In short, when placed under primitive conditions it tends to revert to a more primitive and stable state. Similarly, in regard to disease: disease is a variation from the normal stable state and the organism shows a tendency to revert to that normal stable state when placed under normal, simple conditions of warmth, fresh air, and so forth. In each case the pendulum which has swung from the position of equilibrium tends to settle back in it, this backward swing in the case of disease being the work of the *vis medicatrix*."

The complexity and delicacy of the working of this power which makes for health is next pointed out, and our ignorance and comparative clumsiness are held up as reasons why we should be chary in well-meaning but inept interference. Here the surgeon is less likely to err than the physician, for he works in a sphere where nature is the less successful—he removes mechanical obstacles to cure, and has to rely upon the *vis medicatrix* for the cure itself. The extraction of a tooth and the subsequent repairs which are effected, repairs which are necessary to avert fatal consequences in even such a seemingly trivial matter, are used as a telling example.

The natural curative effort, however, has a larger and more mysterious sphere of action in medical cases. It is here that the physician must be careful “in no way to interfere with that wise all-healer.”

“This,” says Dr. Campbell, “is not the place to attempt a study of these Nature-methods of cure: I am merely seeking to emphasise an all-important principle, and it will be sufficient if I call to mind what we have recently learned concerning the antitoxins. And what does this amount to? What but that the organism actually manufactures and administers medicine to itself! And elsewhere I have sought to show that, apart altogether from the antitoxins, the blood and tissues contain numerous substances which play the part of drugs—‘drug substances’ I have termed them—and that many of those metabolic by-products which we have been in the habit of looking upon as useless, or actually poisonous, exert an important influence in modifying functions, having on the organism, in fact, similar effects to drugs artificially administered.”

It is the candid acceptance of the limitations of his art that makes the great physician. “That is why it is generally found that as the physician grows older his methods become simpler, that he abandons one drug and method after another, and finally settles down into a plan of treatment which we can best characterize as based on the slightest possible interference with Nature.”

After giving an example of unwise interference, Dr. Campbell makes the astonishing statement that it is “in the treatment of acute disorders that we feel, or should feel, our limitations most. The wisest treatment for most of them can be summed up in the *dictum*, ‘Nature and the Nurse.’”

His views of the efficacy of treatment against four of the principal acute diseases which the physician is called upon to combat, justify Dr. Campbell in his attitude of “masterly inactivity.”

"Take the case of acute croupous pneumonia. The fact that so many different treatments are employed in this disease at once casts doubt upon the utility of any of them, and I am persuaded that we seldom cut short the attack or save life by adopting any measures beyond careful nursing. The cure, if effected at all, is effected by the great physician within, who has resorted to special means for destroying the pneumococcus, for carrying off the inflammatory products, for eliminating the toxins (as exemplified by the 'critical evacuations'), and the like. I do not say that we may not sometimes help the vis medicatrix nature—far from it—and we may one day discover an antitoxin for pneumonia as efficacious as that employed in diphtheria, or some drug which shall be as effective as mercury or iodide of potassium in syphilis; but at present we have discovered neither the one nor the other. I am even prepared to admit that we may occasionally—though I believe it is very occasionally—save life by judicious bleeding, by cardiac stimulants, by oxygen inhalations; ice to the chest also may do good, chloral may help in delirium, and so forth. Nevertheless, we shall do well in all simple, uncomplicated cases of pneumonia if we content ourselves by merely relieving distressing symptoms, and I would only sanction specific treatment in those exceptional cases where it seems very definitely to be called for. My advice in this, and indeed in most diseases, is, 'When in doubt leave all to Nature, and do nothing.' As an instance of harmful interference I may refer to a hospital patient of mine in whom the critical fall of temperature was marked by a profuse diarrhœa. This the house surgeon checked, with the result that the temperature rose again to fall when the astringent mixture was withheld.

"The second acute disease which I will mention is rheumatic fever. This, like pneumonia, is a germ disease, and we are as powerless to kill the germ of the one as the other. I am doubtful whether our treatment for this disease is any better now than it was fifty years ago, or for the matter of that a thousand years ago, and whether, with the exception of those rare cases of hyperpyrexia where life can occasionally be saved by the bath, we have learned to diminish the mortality from this dread scourge of the human race by even 1 per cent. It was thought when salicylate of soda was first employed in rheumatic fever that the malady was to be henceforth robbed of its worst terrors. But what after twenty years' experience do we find? That physicians are divided into two opposing camps—the one holding that it is right and proper to employ the drug; the other that the remedy is in itself baneful and actually aggravates the morbid processes

though it relieves the pain. I think for the purposes of my argument that we may fairly set the one camp against the other and regard the battle as a drawn one, which places us in much the same position as regards the efficacy of our treatment of the disease as we were twenty years ago. And what was the verdict then, and before then? The statistics of Gull and Sutton show that the patients did as well on peppermint water as on anything else.

"I next come to typhoid fever. With Sir William Jenner's discovery the physician leaped at once, in the matter of the treatment of this complaint, from darkness into light. Sir William Jenner taught us the necessity of careful dieting and rest. Add to this the reduction of hyperpyrexia by suitable means and an occasional dose of calomel perhaps, and there is little more to be done in nine cases out of ten. I find that my typhoid fever mortality well bears comparison with that of other physicians, and the guiding principle of my treatment is, after taking due precautions, to leave the cure to Nature. I have satisfied myself that no drug has a specific effect.

"Finally, I will instance acute nephritis. To read the books one would fancy that we had made enormous strides in the treatment of this affection within recent years. I can only speak as I see, and my experience is that we have little or no control over it. Nephritis is presumably due to some toxin or toxins passing through the kidneys and exciting them into inflammation. But whence their origin, and how to prevent their production? Practically all we can do is to diminish the work of the diseased organs by limiting diet and getting the skin and bowels to act. No drug has the slightest effect on the morbid process. We may sometimes pull a patient through an attack of uræmia by bleeding, but after all is said and done the treatment of acute nephritis essentially consists of "Nature and the nurse."

"I end, then, as I began. Our powers are limited, nor can we hope by even the most enlightened therapeutic measures to usurp the great prerogative of healing which Nature has so jealously reserved to herself. She is sovereign, and all that we can aspire to is to be her ready henchmen, alert to follow the slightest leadings she vouchsafes us, as we pursue our unwearying search after wider and more intimate knowledge of the laws by which she works, and through which alone we can participate in her victories over disease and death."

The force of expectancy could no further go. These are, indeed, Reflections on Therapeutics. They are reflections which would be unhesitatingly endorsed by nine out of every ten of the scientifically educated physicians of the present day who, like Dr. Harry Campbell, regard pneumonia, acute

rheumatism, enteric fever and acute nephritis as well-nigh outside the sphere of therapeutic influence.

And yet, there is one of those "laws by which she (Nature) works and through which alone we can participate in her victories over disease and death" which the profession at large refuse to regard or recognize. Nature has provided *stimuli* (φάρμακα, poisons, drugs) in the animal, vegetable and mineral kingdoms which are similar to, though not identical with, the *materies morbi* of these very diseases; poisons which, in sufficiently small doses and in persons suffering from these diseases, have the power of setting up a reaction sufficient to neutralize not only their own primary action but also the poisons which are the cause of these diseases. These are the true accessories and helpmates to the *vis medicatrix naturæ*; they support her when failure threatens. The law of similars is the key to the puzzle how Nature's great law of action and reaction can be guided and reinforced in the treatment of disease.

THE ANNUAL DEATH BILL OF ANÆSTHETICS.

THE Registrar-General's Report shows that no less than eighty-eight deaths occurred among patients under artificial anæsthesia during the year 1900. Of these fatalities, fifty-nine took place in males, twenty-nine in females: sixty-six in hospitals, twenty-two in private practice; sixteen cases only occurred in London Hospitals.

As regards age, the seventy-two cases in which particulars are available are distributed as follows:—

Under 1 year	...	...	...	...	7
Between 1 and 10 years	...	...	...	...	12
" 11 " 20 "	...	...	...	...	16
" 21 " 30 "	...	...	...	...	8
" 31 " 40 "	...	...	...	...	10
" 41 " 50 "	...	...	...	...	7
" 51 " 60 "	...	...	...	...	7
" 61 " 70 "	...	...	...	...	5

72

Of the eighty-eight cases, chloroform was the agent employed in seventy cases, mixtures containing chloroform in seven, ether in six, while nitrous oxide gas, "gas" followed by ether and chloroform, ether followed by chloroform, "gas" followed by ether, and "gas" followed by chloroform, are each responsible for one death.

One of the tables in the Registrar-general's Report sets forth the comparative mortality from anæsthetics in England in the years comprising the last decennium and that which preceded it. It is difficult to read these figures without an uneasy conviction that the anæsthetist's art is, at least, non-progressive. The total from 1881 to 1890 was 327, from 1891 to 1900 it was 809. The chloroform mortality in the same periods were 258 and 661 respectively. Obviously, the increase of population will not explain these figures, and the reader is forced to the conclusion either that anæsthetics are given to-day in a much larger proportionate number of cases, or that their administration and selection are managed with less judgment and success. It is to be hoped that these disquieting statistics will become generally known to the profession, and that the result will show itself in a compulsory study of the subject. The figures are ugly to face, but it is only by facing them that their improvement can be brought about.

ANTISEPSIS IN EXCELSIS.

FROM the following dialogue it would appear that the Boston Board of Health's rules governing the shaving and hair-dressing profession have curious results:—

"Ah youse de nex' gemman ?

I believe I am.

Jes' step in de sulphur box one moment, sah, an' git fumygated accordin' to de rules of de Bo'a'd of Helf. Dar, dat's all right. Lemme jes' spray you wid dis official disinfectant. Now, take a seat, sah. Hair severed, sah ?

No, I want a shave.

Yes, sah, one moment. All my razors am taking an anty-microbe bath.

What are you looking at me through that glass for ?

Dat's a bacilli-detector, sah. Prescribed, sah, by de Bo'ad of Helf.

Oh, it is, eh ! Perhaps you wouldn't object to telling me what you've been eating ?

Suttingly, sah, I've been eating de disinfected pastilles prescribed by the Bo'ad of Helf for the use of all bahbahs.

Hold on. What's that infernal odour ?

Dat's only de fumygatin' de pahlahs gits once every foah hours. Jes' glance your eye along de aidge of dat razzer froo de micrumscope, sah.

What of it ?

Want you to be morally sartain, sah, dat dar ain't no bacteria straddlin' de aidge.

Go ahead with your job."—*St. James' Gazette.*

THE MEDICAL CENTURY.

HOMŒOPATHS, and perhaps especially those engaged in journalistic work, will hear with regret that Dr. C. E. Fisher, for more than twenty years Editor of the *Medical Century*, is retiring from that position. He carries with him the respect and good wishes of all his readers. Dr. Willis A. Dewey, well known as a prolific writer on therapeutics, and an old contributor to the "*Century*," succeeds Dr. Fisher in the editorial chair.

THE HOMŒOPATHIC HOSPITALS IN TURIN
AND LONDON.

DR. OLIVE, of Barcelona, visited Turin after the Paris congress last summer and has communicated the following account of the Homœopathic Hospital to the *Revista Homœopatica* of Barcelona.

We are indebted to the pages of the *Minneapolis Homœopathic Magazine* for a translation.

"For some time I had known Dr. Bonino by his works and by letters. We had lately deepened our friendship in Paris, and his reception of me in his own home was so gracious that I was delighted and grateful. I met him at his office, attending to the numerous patients who come there seeking cure or relief of their evils; attracted by the just fame which that learned physician enjoys.

He is already hoary with age, but he visits and works with the enthusiasm of a man of faith and conviction. He is an active, hard working, decided, frank and very amiable man, and guided, moreover, by a noble heart. He accompanied me on a visit to the Homœopathic Pharmacy, in the street, 'Septembre XX, No. 50,' which, with its various apartments, occupies a local space, so that I could ascertain what drugs were prepared there, and felicitate the pharmacist upon the great variety of dilutions and triturations he had in stock. It is one of the most complete and pure homœopathic pharmacies that I have ever seen; justly reaping its reward in the multitude of customers whom I saw in the store, seeking drugs or the filling of prescriptions. This alone indicates the good condition of homœopathy in that city.

Our next visit was to the Homœopathic Hospital of Turin; on which occasion I had the honour of being accompanied, not only by Dr. Bonino, but by his son-in-law, as well as

by the young homœopathic physician, Dr. Rabajoli; both physicians of the beneficent establishment; the latter being chief of the same.

The visit to the hospital was very agreeable and satisfactory to me. The building is situated in a choice and healthy place on the outskirts of the city, with an extensive *façade* on the street, and a spacious court yard and gardens in the rear. In the lower part of the building is the consultation room for the poor, the waiting room, etc. In the balance of the building are rooms for the patients who remain in the hospital. They have pretty generally adopted the process of isolation, so that few patients are in a room together. The stucco walls are of a grayish white so as to avoid eye-strain. On the first-floor there is a fine operating room with complete modern paraphernalia. In the gardens there are small houses, some joined to larger ones, like kitchens, and others quite independent, as are those for autopsies and the reception of corpses.

I was especially pleased with the details of the treatment of certain patients. To scrupulous pureness of doctrine I saw united a wide knowledge of therapeutics and a profound and faithful interpretation of pathogenesis.

Dr. Bonino, president of the Italian Homœopathic Institute of Turin, is a man known throughout the homœopathic world, and, thanks to his years, has had time to achieve great success; his son-in-law, Dr. Rabajoli, is a worthy heir of the father of his wife.

The sympathy and devotion of the directory of this hospital explains its success, and its honourable reputation entitles it to the donations of a grateful public. The day I visited it, it had just been made the recipient, by testament, of a legacy of 25,000 liras from a lady.

They gave me the details of the administration; convincing me of the good management of the establishment, as well as of the good quality of food and drink given the patients. That part is in charge of the nuns.

It is to be noted that in Turin there is not a great number of homœopathic physicians, but those they have are of a superior quality in every respect. They are learned and studious men, endowed with clear, rational minds which does not allow them to be dominated by vanity nor personality, and also, all the homœopathic physicians of Turin are united, and do all they can for the hospital. Much honour to the homœopathists of Turin."

Dr. T. J. Gray also is travelling and has sent notes of his observations in London to the *Minneapolis Homœopathic*

Magazine. He regards the clinical teaching in the Metropolitan hospitals as excellent, thorough and practical, but he notices a lack of detail in the technique of our English surgeons and censures them for want of care in the coaptation of incisions even in such exposed localities as the face, neck and hands, "wounds were uniformly closed with widely separated sutures, usually leaving gaping and wrinkled spaces between."

The following is Dr. Gray's impression of his visit to the London Homœopathic Hospital. "Though not among the list of the Metropolitan College Hospitals, the London Homœopathic is one of the best hospitals in the city; and I saw here as good surgery as I saw in the city. Mr. C. Knox Shaw is the surgeon in chief, and a man of the highest ability. The hospital is now on a firm foundation and has a great future. The building has every equipment for the best work; the wards are high and well lighted and ventilated; the nurses are women of maturity and strength of character, and evidently well trained in their three years' course of study. The hospital has a hundred beds and they are always well filled. The character of the work done is seen in the fact that Dr. Beals, the resident surgeon, to whom I am indebted for many courtesies, has not been called upon to sign a death certificate since his coming last April. The hospital is doing much for homœopathy in Great Britain. One is glad to know that there is now not less than ten homœopathic hospitals in the United Kingdom, and there will soon be more.

The one great, and as it seems to me, indispensable adjunct to the work, is a homœopathic college in London. With such a fine body of men as now constitute the staff of the London Homœopathic Hospital, it would seem that all that is needed for a college is already in hand. Surely the common sense of the English Parliament can be depended on to grant a charter when asked for it.

A separate college giving a full and rich course in medicine and surgery, with independent examinations in therapeutics and practice, would draw such a body of students as would surprise the friends as well as the foes of homœopathy in England. It is as great a folly to try to build up homœopathy by converting physicians trained in allopathic schools, as for the various churches to hope to live by proselyting. We cannot believe our English *confrère* is afraid, or that he will long allow it to be said there are no colleges teaching homœopathy outside America. He will find a way to make one, to overcome the difficulties; so far as an outsider can judge, I believe the hour of their opportunity has come. God speed them!"

Unfortunately the Gordian knot of founding a teaching and examining Homœopathic Faculty in England is one which a courageous incision will not solve. There is a "wire entanglement" of official prejudice which still contraindicates a frontal attack upon the General Medical Council. That Dr. Gray should find the work done at the Homœopathic Hospital so excellent is an encouraging proof that sure, if slow, progress is being made in the direction of popular education in the advantages of Homœopathic treatment.

MODERN KISSING.

THE following extract is taken from an extremely lively speech delivered by Dr. Wilcox in returning thanks for a toast at a banquet in Massachusetts City. It appears the doctor regards certain operations as exempt from the need for antiseptics.

"Do you know there is something wonderful and fearful about the modern doctor? There is nothing like him in the Heaven above, because he is too recent; and there is nothing like him in the earth beneath, because he is too fresh; and his counterpart is not found in the waters under the earth, for the same reason that the Methodist preacher said that Bryan was not a Baptist,—'one must be immersed all over, and Bryan would never consent to disappear that long from public view.'

"In the long ago the physician was an honoured member of society. He seemed to hold Pandora's box, letting out only the good things which made people happy; but in the present time he seems not only to have reached the bottom of the box, but is intent upon putting back all he ever let out. In those days he preached friendship, love marriage, and numerous progeny, but to-day, through his bacteriological teachings, friendship is handicapped at the starting point. The germ doctor tells us it isn't sanitary to kiss. (I'd like to know who ever kissed for sanitary reasons any way. I've been placed in positions in my younger days where it would have been rank insanity not to have kissed.) They tell us we will catch measles and such like if we kiss indiscriminately. I told my wife that, and she laughed and said measles would be a picnic compared to what I'd catch if she knew it. Right here I evolved a proverb: There are worse eruptions than measles. These germinites tell us we must take antiseptic precautions before we kiss. Every man of experience knows if he stopped to take any precautions at all, he'd never kiss. It's only

because he gets into a state of absolute blind germ-staggers that he wants to kiss; it's the germs which cause it. Not only that, but there are lots of occasions when you haven't time to prepare yourself. It only takes ten or twelve seconds to go through a tunnel, or the girl's father may come in any moment. I can imagine the dim future (when I hope I shall be no more) in which a young man says to his maiden, 'Love, I am going to kiss you.' He takes a bottle from his pocket and paints her lips with collodion, then he paints his own, then he gently fans her until her lips are dry, then he fans himself, and then, with that palpitation of the heart strings borne from on high, he passionately impresses a sticky kiss on her collodion and she returns it. Then she lifts her eyes to Heaven and says 'It is done as the Board of Health has commanded it, and still there is room.' Why, my brethren, I'd rather be Pyramus and kiss Thisby through a clink in the stone wall with the thermometer forty degrees below zero and a bull dog in the immediate neighbourhood, than undergo that sort of varnishing."—*Medical Century*.

QUININE HÆMOGLOBINURIA.

THE following note by Dr. Welsford in the *British Medical Journal* is of interest. Dr. Koch's experience, in opposition to that of Dr. Welsford, makes blackwater fever a quinine-aggravated malarial fever:—

"With regard to the theory that the so-called blackwater fever of the tropics is a peculiar condition caused by the administration of quinine in malarious patients, few (if any) practitioners who are experienced in tropical practice believe that this is a common cause, because while they are in the habit of prescribing quinine in large doses for all varieties of the malarial fevers, they do not practically find that blackwater fever results, and they also know that blackwater fever is a strictly localised disease, and that there are some malarious districts in Africa which are free from it.

It is a fact that quinine can in certain very rare cases cause hæmoglobinuria, but so rare are they that there are few observations on record. The following case is interesting as being one of these rare cases.

CASE I.—A.B., a white prospector, was admitted into the Beira Railway Hospital in June, 1899. He had been in the country nine years, and had just returned from a trip into

the interior, which had lasted nine months. He was suffering from a high degree of malarial cachexia. He had had frequent slight attacks of blackwater fever during the previous three years. He rarely, if ever, took quinine. On admission he objected to take quinine, alleging that a single dose invariably made his urine black, but he eventually consented to take two 10-grain doses, which were administered at 8 a.m. and 2 p.m. At 6 p.m. the patient had a rigor; the temperature, which before was normal, rose to 105° F. with vomiting and pain. At 7 p.m. he passed 10 ounces of black urine. He improved during the night, and next morning his urine was clear, but still contained a little albumin.

Before taking the quinine the patient had been up and about, and there was therefore a possibility of the hæmoglobinuria having been due to chill. To obviate this source of error the patient, who took a most intelligent interest in his case, after his temperature had remained normal for a period of seven days, was put to bed for two days. On the third day two 10-grain doses of quinine were given with the same result; the temperature rose in the evening with rigor, vomiting and pain, and 12 ounces of black urine were passed. The following morning the urine was clear, and in two days there was no albumin.

CASE II.—A more doubtful case of quinine hæmoglobinuria occurred in the case of a man who was admitted with a somewhat severe attack of blackwater fever. This was treated without quinine and the patient recovered. Three weeks later his temperature rose to 100° F., and 10 grs. of quinine were ordered three times a day. Two days later his temperature suddenly rose to 105° F., and his urine became black and continued so for two days. As in this case the symptoms were well marked, this attack may have been a relapse.

The exact relationship between blackwater fever and malaria is not yet made out, but the symptoms of blackwater fever are so definite that the fever can be readily distinguished from the transient hæmoglobinuria which in the first-mentioned case followed the administration of quinine.

Hæmoglobinuria may be produced by several poisons, among which are potassium chlorate, carbolic acid, and arseniuretted hydrogen. It is in this category that quinine hæmoglobinuria must be placed.

Blackwater fever, if not due to a specific organism, is due to the toxin of malaria, and falls in line with the hæmoglobinuria sometimes produced by the toxins of syphilis, yellow fever, enteric, and scarlet fevers."

OBITUARY.

Her Gracious Majesty Queen Victoria.

Born May 24th, 1819.

Ascended the Throne, June 22nd, 1837.

Died January 22nd, 1901.

It is fitting that the death of our Sovereign should be recorded in every journal of the Empire which she ruled long and nobly. Occurring in the eighty-second year of her age and the sixty-third of her reign, the passing hence of this gracious lady leaves her countless subjects in sorrow and in such dismay as might accompany a sudden suspension of one of Nature's laws. For those who were alive as infants (and, still more, those who can remember events) in the days of another ruler are few; and the long-continuance of the blessings which we have enjoyed in the reign of VICTORIA have tempted us to forget, at times, that for her, as for all, there was a time appointed.

The sceptre, learning, physic must
All follow this, and come to dust.

Two generations of faithful service to those great responsibilities which the frail young girl took up in 1837 would have entitled the QUEEN to loyalty and respect; but it needed the tenacity of character and the sincerity of purpose to draw from a nation reputed phlegmatic that fervour of personal affection which for the last twenty years of her reign her people have exhibited toward her. The joys and sorrows of her people were the joys and sorrows of their QUEEN, and the wisdom of the true woman knew how to make from her private happiness or woe bonds of enduring power between monarch and subject. "Honour, love, obedience, troops of friends," friends alike in the highest, in the lowest, and in every intermediate rank, were present to cheer the GOOD QUEEN in her life-long effort to do her duty and to love her fellow-creatures.

This is no place for a retrospect of the history of a long and glorious reign. Nor does this appear a suitable time for instancing the QUEEN's indebtedness to medicine and her ready and generous acknowledgment of those services which members of our profession have been privileged to perform. "In health and wealth long to live" was granted to her in answer to her nation's prayer; and all are thankful that the improved resources of the art of medicine, as traditionally practised, were available to sustain the failing powers of an exceptionally robust constitution. It is enough that we lay this leaf at the foot of the bier, among the laurels which it will be the task of History to keep ever green.

Death! ere thou slay such another,
Time shall throw a dart at thee.

CORRESPONDENCE.

WHAT IS PETROLEUM?

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN.—In your current issue, Dr. John McLachlan, in his paper read before the British Homœopathic Society, is reported to have suggested two points on which information would be desirable, viz.: (1.) The source of the petroleum used by Hahnemann; (2.) The source whence the chemists of the present day procure their petroleum.

As to the first point it is evident, from the information given us by Hahnemann in the "Chronic Diseases," that whatever the source from which he obtained his petroleum, it was a refined product deprived of olefines and other unsaturated compounds, and containing only those which could resist the action of sulphuric acid—probably hydrocarbons of the paraffin series of which petroleum is known to be chiefly composed. Hahnemann, however, limited the range of these, and eliminated the lightest and most soluble hydrocarbons by treatment with alcohol, some of these being soluble in one-sixth of their volume of that vehicle. Some at least of the aromatic group of hydrocarbons, found in petroleum in small quantities, would also have been thus removed.

The tests given by Hahnemann also show that only the lighter oils existed in his preparation, which left no greasy stain on white paper when allowed to evaporate spontaneously.

As to the source from which homœopathic chemists at present obtain their preparations of petroleum, we believe that whilst there are those who send out anything which is supplied to them under the label "*Ol. petre. alb.*," there are others who, going to some expense and trouble, obtain a preparation almost, if not quite, identical in composition with that used by Hahnemann.

In the course of our experience we have met with "Petroleum ϕ " which has given a deep red colouration when the sulphuric acid test has been applied to it, showing it to be a very different thing from that of Hahnemann.

The light petroleum oil we now use is a product derived by purification and distillation from American petroleum. It has a specific gravity of .680, and consists almost entirely of pure hydrocarbons of the paraffin series, chiefly hexane (C_6H_{14}). Its proportions by weight of carbon and hydrogen are approximately 84 and 16 per cent. respectively. This product, on agitation with an equal bulk of rectified spirit, loses about one-third of its volume, the lightest hydrocarbons being extracted from it, and the undissolved portion has a specific gravity of about .690. It answers to all the characters and tests given by Hahnemann, and described in the British Homœopathic Pharmacopœia.

Yours faithfully,

59, Moorgate St., London, E.C.

E. GOULD & SON, LTD.

"THE OPEN DOOR."

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN.—The statement under the above heading in your last issue represents fairly the facts of the case. I am the unfortunate medical heretic who has presumed to engage chambers in the same building in which a so-called orthodox medico carries on his practice. The writer of the letter of complaint in the *British Medical Journal* omits his name for obvious reasons.

Many years since there was a strong feeling in Birmingham against medical men who practised homœopathy. A battle royal took place in respect to the admission of homœopaths to the Birmingham Medical Institute. The attack was led by Oliver Pemberton, Gamgee and others. The defence mainly depended on the efforts of Dr. Heslop and Lawson Tait. These broad-minded men fought well for us and succeeded in winning the day. The speeches were lively in the extreme. Between one and two hundred medical men went to the meeting with the avowed intention of voting against us, but were converted to a more liberal spirit simply by the arguments of our champions. Heslop, Pemberton, Lawson Tait and Gamgee have long since gone where sectarian feeling prevails not and medical trade unions do not exist.

In the city of Birmingham a more liberal spirit prevails among our medical brethren than in most towns. To give an illustration—In the same building where mine enemy objects to my presence are four other medical men who have no such objection. Happily such narrow views are departing from us, and eventually the type will disappear.

I earnestly hope my medical neighbour will ultimately be happy, and that in the not far distant future he may regain his equanimity and not be a penny the worse from the proximity of a poor medical heretic like myself.

The gentleman's great fear is that I may be regarded as his partner from our names being in juxta-position. Doubtless it is a fearful thought to him to be so regarded. I respect his feelings and express my regret in disturbing his mind, but can honestly say there has been no malice prepense.

I would suggest as this painful affliction has come upon the gentleman in question through no fault of his own, he had better bow his head reverently and say "Kismet."

I remain gentlemen,

Faithfully yours,

CHARLES P. COLLINS.

Norham Lodge, Leamington.

THE INCOME TAX.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—With the income tax at a shilling and no prospect of a reduction for some time to come, I consider it seasonable to call the attention of your readers to the necessity of looking into the particulars of this impost. The yellowish-tinted forms issued by the Income Tax Commissioners are to many tax-payers a mere bewilderment, and a very large proportion of the forms are incorrectly filled in, because the recipients do not know how to set about it. There are literally many millions sterling paid as income tax, to which the commissioners have no right whatever (only last year the authorities *returned* nearly a million pounds which had been overpaid) and about which they say nothing. It cannot be too widely known that all sums paid in excess of the proper amount can be reclaimed, and it is only just to say the authorities meet all such claims fairly, when proper application is made to them.

Owing to the fact that Income or Property tax under Schedule A is usually paid by the tenant it very frequently happens that landlords fail to obtain the relief and re-payments to which they are justly entitled. Again, persons having limited incomes from funds invested in stocks, shares, etc., often neglect to claim re-payment of the amounts deducted from their dividends, and due to them by the Income Tax Commissioners; in this way losing very considerable sums every year. As regards Schedule D; so great is the misapprehension which prevails respecting the method of filling in the Returns that thousands of professional and business men are over-assessed every year, and, not wishing to show their books to the local commissioners, reluctantly consent to the imposition, evidently unaware that it is seldom, if ever, necessary to produce books, if a properly prepared trading account is sent in; further, that they have the right of appeal to the special commissioners and can thus avoid any local exposure of their business affairs.

If any of your readers are in doubt or difficulty I shall be pleased to advise them free of charge, on receipt of stamped, directed envelope.

Faithfully yours,

THOS. MATHISON,

Secretary Brighton Agency for the Adjustment of Income Tax.

37, Duke Street, Brighton.

January 4th, 1901.

NOTICES TO CORRESPONDENTS.

* * We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Mr. C. J. WILKINSON.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays and Saturdays, 2.0; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Wednesdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Dental Cases, Wednesdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Wednesdays, 9 A.M.

Letters have been received from the following:—Dr. ALEXANDER (Plymouth); THE BOVINE COMPANY (London); Dr. COLLINS (Leamington); Dr. SPENCER COX (London); Dr. GOLDSBROUGH (London); Mr. KNOX SHAW (London); Mr. MATHISON (Brighton); Mr. ROBINSON (Birmingham); Dr. WATSON (Liverpool); Mr. WYBORN (London).

BOOKS RECEIVED.

Diseases of the Spleen. By J. Compton Burnett, M.D. Second Edition. Revised and Enlarged. London: James Epps & Co., 1900. London: *The Chemist and Druggist*, January. *The Homœopathic World*, January. *The Vaccination Enquirer*, January. *The Calcutta Journal of Medicine*, August and September. Hobart.—*The Tasmanian Homœopathic Journal*. Chicago.—*The Clinique*, December. *The Medical Era*, December. *The Hahnemannian Advocate*, December. New York.—*The Medical Times*, January. *The Medical Century*, December and January. *The North American Journal of Homœopathy*, January. *The Homœopathic Eye, Ear and Throat Journal*, January. Philadelphia.—*The Hahnemannian Monthly*, January. *The Homœopathic Physician*, December. Lancaster, Pa.—*The Homœopathic Envoy*, December. *The Homœopathic Recorder*, December. *The Minneapolis Homœopathic Magazine*, December. San Diego.—*The Pacific Coast Journal of Homœopathy*, December. Baltimore.—*The American Medical Monthly*, November. St. Louis.—*The Medical Brief*, January. Paris.—*Révue Homœopathique Française*, January. *Le Mois Médico-Chirurgical*, January. *Leipziger Hom. Zeitschrift*, January. The Hague.—*Homœopathische Maanblatt*, January.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W.; or to Mr. WILKINSON, 3, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

BLINDNESS: WILFUL OR OTHERWISE.

It is our desire at all times to take the charitable view of things, and to put the best and most generous construction on the actions of our colleagues in the medical profession, especially on the question of the truth of homœopathy, and of the double or reverse action of drugs on the human body. We would gladly believe that the ever-increasing array of facts which are admitted to be true by the old-school, showing that all substances, be they called drugs or otherwise, which have any action on the body have a two-fold action, are not perceived in their full meaning, with the logical deductions from them, and that the lamentable blindness to the interpretation of facts is not conscious. But we confess that our charitable wishes are often sorely tried, rendering it difficult to believe that the blindness is not wilful, in many instances at least. It may be due to an extraordinary ignorance of what homœopathy means, to an ignorance of the meaning of the law of similars, in accordance with which a small dose is curative for a diseased condition similar to that which is produced in the healthy body by a large dose of the same drug, or in other words, that the curative effect of the small dose is just the reverse of that produced by the large dose when given to a healthy individual. Any one who is

in this elementary state of ignorance of the question at issue may be pardoned for not seeing the meaning of certain facts which stare them in the face, and their blindness is consequently not wilful, though culpable. But to those who do know the fundamental principle of homœopathy, it requires a great stretch of charity to believe that their blindness is other than wilful. What their reasons are for thus shutting their eyes to facts we may have a shrewd suspicion, but the fact remains that they do shut their eyes to conclusions which one would think it would be impossible to shirk. From our personal knowledge we can state that many practitioners in the old-school do see the facts, and mentally admit the conclusions which homœopaths have drawn from them, but for reasons—ethical and otherwise—lull their conscience into a belief that, in a burning question, a question which divides the profession into two opposing schools, it is not necessary to speak out and maintain what they know is the truth. That is a matter for their conscience, and we leave it with them to settle as best they may. But what we do growl at is the retarding effect upon the knowledge and the spread of the truth which such action undoubtedly has. "He that is not with us is against us," and a man who knows the truth, and is content, for any reasons whatever, to smother his beliefs, is almost a greater enemy to the truth than the man who shows by the ignorance of his statements that he knows nothing of what he is talking about.

These thoughts are once more called up forcibly to our mind by reading a report in the *Daily Graphic* of February 12th, of a lecture by Professor VICTOR HORSLEY, at the London Institution on the previous evening. We have not been able to obtain a full report of this lecture, but the summary in the *Daily Graphic* is sufficient for our purpose. The report is headed "Alcohol and Thought," and we extract it as it stands.

"Professor Victor Horsley dealt a severe blow to the moderate drinker at the London Institution last night when, in a lecture on the effect which alcohol exerts on the brain, he declared finally that 'alcohol when administered in small doses is not unaccompanied by change of the brain's structure, and by a change which cannot be considered a beneficial one.' Professor HORSLEY made it clear that he had no desire to asperse

the moderate drinker—but there were the facts, beyond dispute. He explained with great care and detail the methods which investigators such as Kraepelin employ to determine the speed of thought—that is to say, the speed with which the brain translates a thought or impulse into muscular action—and he then stated that in all such measurements it had been distinctly shown that alcohol first quickened this speed and then, after a few minutes, slowed it. The same action was observable in the case of all stimulants, which had also narcotic effects. Ether and chloroform, as well as alcohol, had this effect; there was first a small acceleration and then a loss of power. A singular fact connected with the stimulative effect was that the person whose brain was stimulated imagined this effect to be continuous beyond the point at which it had in fact yielded to the ensuing slowing of cerebral activity. In simpler words, a man might be thinking slower under the influence of a small dose of alcohol and yet continue to believe, under the impulse of a general sense of well-being, that he was thinking with greater activity than usual. This intellectual deception was observable even when alcohol was taken in very small quantities. The same facts were observable with respect to muscular action. Here again the action for a few minutes was quickened by a sense of more power, but in a very short time there was a loss of power.

“Professor HORSLEY noted in passing that tea and coffee, which contained an alkaloidal stimulant—which, unlike alcohol, ether or chloroform, had no subsequent narcotic effect—were also distinguished from these stimulants by the token that whereas their stimulating effect might pass off, it was never succeeded by a paralysing effect. The lecturer added that he was surprised that temperance leaflets did not enlarge upon this fact. Towards the end of the lecture he cited the instance of compositors—men who have to think at the same time that they translate thought into muscular action—as one which finally and irrevocably condemned alcohol. Compositors, so the most precise scientific evidence asserts, work more slowly on beer. Tea leaves them unmoved.”

In the above interesting report Mr. HORSLEY states the main fact we have been speaking of, the double action of alcohol. This we knew before, of course, but

we are glad to see it again stated on Mr. Horsley's authority. There is first the stimulant action, followed by the loss of power, or the paralyzing action, as shown on the brain and the muscular system. He also says that the same is observable in the action of ether and chloroform, and of "all stimulants which had also narcotic effects." This double effect may be called stimulant and paralyzing, or action and reaction, or primary and secondary. Whatever terms are used, the main fact is the double and reverse action in large and small doses, which lies at the root of homœopathic action. One would have expected that a scientific or philosophic mind would have looked on such facts as too remarkable to be passed by lightly, from their possible logical deductions, in regard to the *possible* similar behaviour of all drugs. With the double action observed in alcohol, ether, chloroform, and "all stimulants which had also narcotic effects," should it not occur to any one's mind that these facts were surely not merely coincidences, or peculiarities of *certain* drugs only, but that the same thing might be true of all drugs, thus throwing a flood of light on the law of similars, corroborating the beliefs of homœopaths, and suggesting that after all they were working on the right tack. And that this might be the key to the value of the numerous "pharmacological" experiments of the old-school, which, for want of a connecting link between them and diseases, are now relegated, virtually, to the waste-basket as useless. How different from the open mind and genius of the immortal HAHNEMANN, who from *one* experiment on cinchona conceived the idea that its double action *might* be, not a mere coincidence, but an illustration of a universal drug-law, and who, having conceived this thought, at once set to work to dig out from all the old medical works he could lay hands on, from Hippocrates downwards, unconscious illustrations of this law. And, having found to his astonishment a large amount of corroborative evidence, set further to work to test for himself the truth of this law on himself and his friends, till he was satisfied that he had at last found a real law in therapeutics. This law of similars in therapeutics has held its ground for a century, and not only held its ground, in spite of the most persistent and virulent opposition, but has spread to all countries; is the basis of

successful practice by tens of thousands of doctors all over the world, and has simply revolutionized, directly and indirectly, the whole practice of medicine. And yet the old-school will persist in shutting their eyes to patent facts, or rather to their obvious meaning. Were the examples cited by MR. VICTOR HORSLEY the only ones of the kind known to the old-school, one might pardon their blindness. But when they *know*, since the publication of the works of RINGER, PHILLIPS, BARTHOLOW, etc., and from numerous cases published from time to time in the old-school journals, that this same double and reverse action is exemplified in heat and cold, in electricity, in aconite (in fever), in belladonna (in erythema, tonsillitis, brain excitement, headaches, etc.), in hyoscyamus (for brain excitement and sleeplessness), in cantharis (for kidney and bladder inflammation and hæmaturia), in perchloride of mercury (for dysenteric diarrhœa), in mercury (in syphilis), in arsenic (for gastritis), in bichromate of potash (for gastric irritation and ulcer), in antimony (for broncho-pneumonia), and in ipecacuanha (in sickness and vomiting, and asthmatic bronchitis), there remains no excuse for further blindness. And if they wish (which, alas, it seems they do not) to find further evidence of such double action in large and small doses of all other drugs, they have only to scrape the surface of the homœopathic materia medica and literature, and find evidence so cumulative as to be irresistible. And yet we cannot get them to do it. The awkward deductions from the facts are what the old-school shirk. They don't wish to be convinced, and have to admit that they have been all this time in the wrong, and that those whom they have abused and ostracised are in the van of science, and the pioneers and advocates of the truth. And we fear they also wilfully shut their eyes for fear of the supposed professional consequences. It is lamentable to have to speak thus of our colleagues in the old-school in this twentieth century, but we cannot help it. If *they* are content to blink the truth, and silently hear it abused, *we* must speak out, "whether they will hear, or whether they will forbear." We must patiently bide our time, and "not be weary in well doing," knowing that truth is great, and must prevail.

Before closing these remarks, we must differ from MR. HORSLEY in what he says of tea and coffee. He is a

great authority on surgery, and especially in brain surgery, but we never heard that he was an authority in materia medica and therapeutics. He says, as in the above report, that though tea and coffee had no subsequent narcotic effect following their stimulation, which is quite correct, yet that they "were also distinguished from these stimulants (alcohol, etc.), by the token that whereas their stimulating effect might pass off, it was never succeeded by a paralyzing effect." This we take exception to. It is true it is not succeeded by effects similar to alcohol, but in each drug the subsequent depressing or paralyzing effect on the body from over-doses is characteristic of its own peculiar action, and not of any other drug. And every one knows, doctors especially from their practice, that over-doses of tea and coffee, after their stimulating effect is over, are followed by intense nervous reaction, mental depression, loss of nerve-power, "nervousness," palpitation, loss of appetite, dyspepsia, constipation, sleeplessness or restless sleep. Headaches of a severe nerve-type are produced; in fact, a complete nerve breakdown. This is the paralyzing reaction of tea and coffee, and they once more illustrate the very point we have been discussing, instead of being exceptions to the rule, as Mr. HORSLEY would have it. In ninety-nine hundredths of the population, tea and coffee are only taken in moderate quantities, when the stimulating effect is produced, and the subsequent reaction is so slight as not to be observed. But it is in the comparatively few where tea and coffee are indulged in to excess, and who have sensitive nervous systems, that one sees the harmful reaction developed—a real paralysis of the whole nerve-power. Fortunately, there is not the same temptation to indulge in tea or coffee to excess as there is, unhappily, in alcohol, and this prevents the frequent tangible proof of the double action of these drugs, which would otherwise be in daily evidence.

ON GOUTY CATARRH AND ITS TREATMENT,

By J. GALLEY BLACKLEY, M.B. Lond.,

Senior Physician to the London Homœopathic Hospital.

In a paper published some years ago, in the pages of this

journal¹ I have dealt at some length with the symptomatology and "natural history" of that catarrh of the respiratory and digestive tracts so constantly met with in actual or potential gouty patients. In the present communication I purpose going somewhat more into detail in the matter of symptomatology, with the express object of being able to point out the main indications for such treatment, by drugs and other means, as my experience has shewn me may be relied upon.

I would preface my remarks by saying that I do not propose to deal with either acute or chronic gout as it affects the joints, but solely with the latent or suppressed form ; with the entity, in fact, which goes, for want of a better title, under the name of the "gouty diathesis," and which may manifest itself only in disturbances of the respiratory, digestive, cutaneous, urinary or nervous systems.

Whilst deprecating any needless deference to what may appropriately be called, nowadays, the "*uric acid bogey*" of which even the "Dailies" make free use in their advertisement columns, I think I shall succeed in shewing that there is a difference not only in degree but also in kind between gouty catarrh and that occurring idiopathically, and, that the former is most successfully treated when looked at through the tinted spectacles of the experienced and elderly family practitioner. The latter, if he has been intimately acquainted with a gouty family during a whole generation, expects, with a reasonable amount of confidence, very early indication of the family failing in the child of gouty parents, for although unusually free from other ailments he is predisposed from earliest infancy to eczema or impetigo: in later infancy he is specially prone to the various forms of respiratory catarrh, either in the shape of colds, coryza, bronchitis, or, particularly, of amygdalitis ; also to that wayward affection of the skin, urticaria.

In young men of the family, after sexual intercourse, even where no gonococcus may be present, blenorrhagia, with herpes of prepuce and glans and even of the urethra itself (Bouchard), is by no means infrequently met

¹"On the Irritable Mucous Membrane of the Gouty Subject," vol. xxxv, p. 289.

with, and the blenorrhœa may even be complicated on the slightest provocation with cystitis and epididymitis. At about the twenty-fifth year eczema affecting the fingers may be looked for. From the thirtieth year onwards the child of a confessedly gouty stock rarely fails to suffer from some form of gouty dyspepsia, though the appetite suffers little or not at all. Or, he is inclined to contract, under the influence of the slightest chill, catarrh of the respiratory passages, resulting in obstinate coryza or in bronchitis, which, like the dyspepsia, has a great tendency to become chronic. At times, without apparent cause, he has genuine asthmatic attacks with or without pulmonary congestion. Or, he suffers from granular pharyngitis, otitis media or amygdalitis, with seborrhœa capitis and consequent baldness. Hepatic troubles, both objective and subjective, appear sooner or later, and are largely dependent upon the abnormal appetite frequently present in gouty patients in spite of their chronic dyspeptic condition. Lastly, the medical attendant is prepared to find certain modifications of character manifest themselves either in the shape of irritability, impatience, diminished capacity for brain-work, or for prolonged attention or concentration of thought.

Such is in brief the usual history of a single generation of a gouty family; some members may escape altogether, others may have only acute or chronic arthritic attacks, but a large majority, especially those who are of sanguineo-nervous and irritable temperament, may be expected to suffer as I have indicated.

Let us now look more closely at the catarrh as we find it when fully developed in middle life or old age, taking catarrh of the respiratory passages first; remembering that the respiratory mucous membrane should be looked upon as a continuous tract, which commences with the conjunctiva, is continued through lachrymal ducts, nasal cavities, frontal and maxillary sinuses, through pharynx, larynx, trachea, bronchi and bronchial tubes to the finest bronchioles and their terminal air-cells.

I.—RESPIRATORY CATARRH.

— In order to give a vivid idea of the effects of gout upon the respiratory mucous membrane, I will endeavour to draw a picture from the life of a patient who has been

under my care from time to time for gouty bronchial catarrh.

CASE I.

Mrs. T., aged 55, is a well preserved lady of sanguine temperament, German by birth, rather inclined to *embon-point*, with gouty antecedents and a history of undoubted attacks of gout, in the shape of articular gout (of which traces are still evident in distorted finger joints), eczema, asthma, deafness, urate of soda deposits, and passing of red gravel. The conjunctivæ are usually slightly injected and the lids somewhat red at the edges, and she frequently complains of a gritty feeling under the eyelids (no tophi are to be seen in the conjunctivæ). The nasal mucous membrane is pale, somewhat swollen and rather inclined to a dusky hue; coryza occurs on the slightest provocation and is generally accompanied by much stinging and scratching about the posterior opening of the nares; the tongue is large, pale and covered with a thin whitish coat; uvula relaxed, pale or dusky, not pink, and shews dilated veins; the epiglottis and neighbouring parts somewhat turgid and injected. The voice is usually rough and apt to assume the ægophonic character, especially after exposure to damp, and this is followed by a loud barking or ringing cough. Breath sounds over cricoid, trachea and bronchi usually harsh or stridulous; whilst slight wheezing is heard over various parts of the chest and breath sounds are everywhere somewhat harsh and expiration prolonged. At the margins of the lungs in front and behind are limited patches of over-resonant lung, indicating slight emphysema. As regards the alimentary sphere, primary digestion is good and the patient takes an ordinary diet with whisky as a beverage (freely diluted of course). She is frequently troubled with attacks of bilious diarrhœa and has some piles. The urine is free from albumen, but has from time to time contained sugar. Uric acid is usually in excess and is voided as red gravel.

This is a fairly typical case and affords a good idea of the *quiescent stage*, and so far as the urinary symptoms are concerned it may be taken as even more characteristic.

Reading between the lines it will probably be inferred that a patient such as I have described is constantly in

a condition of unstable equilibrium and liable to acute catarrhal attacks, which may arise from a variety of causes—cold, fatigue, emanations from decaying vegetable matter (particularly mouldy straw), etc. Let us pass on to consider the symptoms common to such acute catarrhal troubles with their appropriate treatment. In so doing we will follow the respiratory mucous membrane downwards, beginning with the conjunctiva. It is here that catarrh very frequently commences, spreading rapidly to the nose, where it forms what is known as coryza.

For many reasons it is convenient to consider ocular and nasal catarrh together, for nature recognises no hard and fast anatomical limits, and the so-called *organo-pathic* method of treatment, however fascinating in theory, is anything but a help in practice. A continuous mucous tract should be treated as such, and it is surprising to find how the same medicines crop up constantly as we proceed from nose to larynx, larynx to trachea, and so on.

When fully established, the catarrh from the eyes and nose is of the fluent type, and for this fluent coryza the medicines which are most strongly indicated are *nux vomica*, *arsenicum*, *mercurius* and *euphrasia*.

Nux vomica where the flow intermits.

Mercurius where it is more continuous, and with tendency to excoriation of the upper lip.

Arsenicum and *euphrasia* are called for when the conjunctivæ are inflamed.

Where there is severe pain at the root of the nose and over the frontal sinuses a few doses of *chamomilla* will often be found of the greatest help. We may also succeed occasionally in nipping a coryza of the fluent description in the bud by the exhibition of a snuff composed of menthol, boric acid and ground coffee.

In the *second* stage where the discharge is puriform, where the sense of smell is affected, and where there is often a smell of rotten eggs, or of burnt horn, *sulphur* may be counted upon to afford speedy relief. If, on the other hand, the watery discharge still persists, and at the end of many days a dozen or more of handkerchiefs are still saturated in a day, I have been accustomed to prescribe *kali hydriodicum* or *iodium*. I see that Jousset recommends for this condition *kali chloricum* in the 6th dilution.

If, in spite of treatment, the catarrh should descend still further, it usually attacks fauces, pharynx and larynx simultaneously. When examined in a good light (which, by the way, in gouty patients is frequently not the easiest possible operation, on account of the extreme irritability of the fauces), we find the mucous membrane has everywhere lost its pale and smooth surface; it is florid and uneven with the surface capillaries very much distended, a small vein along the front of the uvula being especially prominent. The epiglottis, false and even true vocal cords are reddened and injected; the voice becomes raspy in consequence, and the frequent cough is of a noisy barking character. Acute laryngitis is fortunately rare, but the subacute form is exceedingly common in gouty patients. Here the cough is frequently most distressing, especially in the night, being kept up by the mechanical irritation due to the lengthened uvula. This troublesome state of matters may be at once relieved by snipping off a minute portion of the pendulous uvula by means of a pair of curved scissors, after first well spraying with a three or four per cent. solution of cocaine.

The medicines most useful in subacute laryngitis are aconite, belladonna, phosphorus, arsenicum, bromine and kali bichromicum.

Aconite should always be given where the fever is considerable, and may with advantage be alternated with another medicine.

Belladonna is called for when there is pain present, especially on deglutition, which pain extends towards the isthmus faucium and the ears, and is aggravated by external pressure.

Phosphorus is indicated when there is extreme pain in the larynx, even when speaking softly or tearing pain on coughing or even in breathing.

Bromine corresponds to spasmodic cough with attacks of suffocation.

Kali bichromicum is of most value where there is irritation in the larynx, especially in the morning, with hawking up of mucus, where there is cough causing pain in mid-sternum, darting through to between shoulders, with expectoration of yellow mucus tinged with blood; or rawness in the pharynx and tickling in larynx.

It is at this stage of a catarrhal attack that inhalations

commence to be useful, and to commence with I know of none better than the steam from hot water, which may be inhaled direct from a jug surrounded by a napkin for five or ten minutes every two hours. Or the atmosphere of the sick room may be left moist by means of the steam kettle. I have found no obvious advantage to accrue from the use of medicated inhalations at this stage.

We now come to that phase of catarrh of the respiratory mucous membrane which the medical man is most frequently called upon to treat; indeed, his services are commonly sought only when the catarrh has already passed the larynx and invaded the trachea and larger air tubes. He finds the patient with high temperature, about 102° in the late afternoon, and 100° in the early morning, the remission being usually accompanied by perspiration, with dry, frequent and painful cough, with pain felt in the larynx and trachea, especially under the sternum and between the shoulders, and which coughing causes to be tearing in character; occasionally pain is referred to one side in particular. Cough frequently causes pain in the head. If the patient remains in bed in a warm room this condition usually gives way spontaneously within forty-eight hours; the fever ceases, the cough becomes looser and less fatiguing, and glairy expectoration like white of egg is set up. Appetite and strength return, but sleep is still interrupted by the cough. Towards the end of the week the latter becomes quite loose; the expectoration becomes thicker, being first whitish, then yellow or green. Cough is less frequent but occurs more in paroxysms and is accompanied by inclination to vomit. Lastly, under favourable circumstances the cough becomes easier, less and less frequent, and finally vanishes. During such an attack as is here depicted, a benign one in fact, physical examination of the chest might almost be dispensed with, so slight is the information it affords; sonorous and sibilant *râles* at the outset and moist bubbling *râles* later are about all that we hear with the stethoscope. For such an attack (presuming that the patient will hardly feel satisfied at being told that there is a natural tendency to spontaneous cure, if he is content to remain in bed for ten days), and also as a matter of precaution for the avoidance of further complications, three medicines may be tried, and I may say that I rarely find it necessary to go

beyond these ; they are aconite, bryonia, and ipecacuanha.

Aconite is called for at the outset when pyrexia is at its height, when the cough is dry and frequent, and may be profitably employed alone in the early stages, and later on in alternation with bryonia.

Bryonia is called for when the cough is looser and occurring in paroxysms with pain under the sternum and between shoulders, or at some point on either side.

Ipecacuanha corresponds to a dryer and more paroxysmal cough with a sensation of suffocation, nausea or actual vomiting with dyspnoea, and especially slight wheezing perceptible by the patient himself.

Grave Form.—It will happen not infrequently, in spite of all care, that the ailment assumes a much more serious form. The catarrh invades not only the larger but the finer ramifications of the bronchial tubes, or even the air cells themselves, and is known as capillary bronchitis, catarrhal pneumonia, or broncho-pneumonia, according as the bronchial or pneumonic element predominates. All the symptoms found in the benign form of bronchitis are present, but in an aggravated form. Temperature ranges high—103° and upwards; the pulse is frequent and soft and prostration and pains in the limbs are extreme. Coughing is very difficult and with increasing dyspnoea forms the chief characteristic of this form. On auscultation numerous fine sibilant *râles* are at first heard, usually spread unequally over the two sides ; later a subcrepitant *râle* is heard especially during inspiration, the sound characteristic of pulmonary engorgement ; later still, when more or less solidification has taken place, *bruits de souffle* may be heard in various spots.

Treatment.—In the early stages when the temperature ranges high, *aconite* is emphatically called for and is best given alone. Later on, where there is much dyspnoea with subcrepitant *râles* or disseminated “bellows-sound,” and particularly where there are occasional streaks of blood in the expectoration or where there is any tendency to asphyxia, it may be alternated with *ipecacuanha*.

Tartar emetic is called for when expectoration is difficult or entirely absent, although at the same time abundant mucous *râles* are heard on auscultation ; red face, paroxysmal cough, somnolent condition, attacks of

suffocation and clammy sweats would all help to confirm our choice of this drug.

Phosphorus is called for where patches of complete dulness are evident on percussion; when the sputa are rusty and the general condition is manifestly becoming more grave.

In the later stages where expectoration, although established, is still scanty and difficult, and is accompanied by great substernal pain, *kali bichromicum* may be depended upon to afford substantial help.

Chronic bronchial catarrh, commonly called chronic bronchitis, is of such exceeding frequency both in hospital and private practice, that a detailed enumeration of its symptoms is hardly necessary.

It will naturally be asked in what respects cases of chronic bronchitis occurring in gouty subjects differ from the rank and file of the cases met with in hospital practice. I will therefore enumerate what I consider to be the chief points of difference between an average case of chronic bronchitis as met with in hospitals, and the same thing occurring in private in an undoubtedly gouty subject.

Firstly, then, we have the history of the patient, which, on careful scrutiny, will usually furnish a record of gouty troubles of a more or less pronounced kind, either in the shape of articular gout, of attacks of eczema, of asthma, of red gravel, or of renal colic with voiding of uric acid calculi. In patients over sixty, deafness, if associated with the corresponding opacity of the membrana tympani, will frequently furnish a clue as to the nature of other obscure bronchial ailments. In the actual condition of the patient we usually find more or less distortion of joints, especially of fingers and toes; if eczema be not present it is exceedingly common to find an irritable patch of skin on one or both shins, generally slightly pigmented, and frequently presenting marks of cicatrisation of an old ulcer. The urine as a rule is dense and hyperacid, depositing uric acid crystals when an acid is added to it. As regards the bronchial catarrh itself it is usually of the variety known as *catarrhus siccus*, the amount of expectoration being sometimes exceedingly small, differing completely in this respect from the humid variety as we know it in hospital practice, where the amount of expectoration is generally

enormous, and where bronchiectasis, due to dilated bronchi, with night-sweats and clubbing of finger-ends, are so common. Genuine attacks of spasmodic asthma I look upon as almost pathognomonic, for these will be found on careful examination to alternate with other undoubted outbursts of a gouty character, as eczema, indigestion, or articular gout. Attacks of dyspnoea closely simulating asthma (so-called bronchial asthma), are also very commonly met with. These, as was pointed out many years ago by my father, are due not to spasm but to a temporary œdematous condition of the mucous lining of the smaller bronchial tubes, and culminate usually in copious expectoration of clear serum-like fluid. Emphysema, although commonly met with, usually occurs only to a limited extent and does not actually endanger life as in so many of our hospital cases.

Now as to treatment. It will almost be taken for granted that in hospital practice sooner or later the outlook is decidedly grave, whilst in private practice where one's patients are surrounded usually by every comfort, we may hope to keep them with us for many a long year. In addition to the choice of residence to be alluded to presently, much may be achieved by an occasional course of prophylactic medical treatment, and for this purpose I have been accustomed to put the patient upon a course of arsenic, of sulphur, or of kali hydriodicum.

During the catarrhal attacks proper, arsen., ant. tart., ipecac., and kali hydriod. are the medicines most to be relied upon, and of these the first and last are perhaps most helpful. Arsen. when there is paroxysmal dyspnoea with scanty expectoration, and kali hydriodicum when the flow is copious and accompanied by coryza. For genuine asthmatic attacks two medicines will usually suffice, viz., ipecac. and arsen. Ipecac. may be given at the outset of an attack, especially if dyspnoea is marked and is accompanied by wheezing, where cough is paroxysmal and comes apparently from tickling in the bronchi, and is of a somewhat strangling character. When attacks persist, where there is constant dyspnoea, wheezing, spasmodic cough and scanty expectoration of a viscid, transparent or frothy mucus, recourse may be had to arsenic, and this should be steadily persevered with either alone or in alternation with ipecac. For the purpose of relieving or aborting an acute asthmatic

attack I would suggest a trial of *quebracho*, either in tincture or liquid extract. Ten drops of the former or five drops of the latter given in water every two hours for four or six hours, especially if begun on the first threatenings of an attack, will usually suffice either to cut it short altogether or to mitigate its severity. The smoking of stramonium cigarettes, burning of nitre paper, or Himrod's powder, or even sulphur in the sick room, are frequently efficacious.

(To be continued.)

CLINICAL NOTES AND REMARKS ON SOME CASES OF GENITO-URINARY DISEASES.

By DUDLEY WRIGHT, F.R.C.S. Eng.

CASE I.

Carcinoma of the base of bladder; marked relief of symptoms from medicinal treatment.

C. W., aged 67. Two years' history of bladder irritability with thick and offensive urine. Last few months irritation much worse. Frequent calls to urinate every quarter of an hour during night and every half an hour during day. Worn out from loss of sleep. Has at times passed about two or three teaspoonfuls of blood after urinating. No gravel. Lost 16 lbs. weight in six months.

Examination showed enlarged glands in right groin. Small hard nodule in right epididymis. Prostate slightly enlarged. Left side of bladder base just behind prostate, and stretching back further than can be reached with the finger, is an irregular outlined smooth mass of medium density, incorporated with the wall of the bladder and not adherent to the rectal mucous membrane. Some tenderness over the tumour. Urine loaded with pus.

April 23rd, 1900.—*Cantharis* 3x \mathfrak{Mj} , three hours, and *tritium repens* ϕ \mathfrak{Mv} nocte.

May 7th.—Slight improvement in symptoms for first few days, but then relapsed. *Fer. pic.* 3x \mathfrak{Mij} , t.d.s.

May 21st.—Has been very much easier since beginning last medicine. Continue.

June 18th.—Improvement continues. Since last note has not lost flesh. Still great deal of pus in urine.

July 2nd.—Improvement maintained, but has sense of pressure above pubes, and much flatulence. *Lycopodium* 3x, gr. ij, t.d.s. *Triticum repens* ϕ \mathfrak{M} v nocte.

July 30th.—Urine is now fairly clear. The pressure above pubes is less. Has occasionally passed a few drops of blood at end of micturition, but without pain. No further loss of flesh.

Since the above date, up to the present time (Feb. 1901) the patient has continued attendance, and the treatment has not been changed except on two occasions when some intercurrent doses of cantharis were given for strangury. He has maintained his weight, and has been much better in every respect. As regards the growth in the bladder, the only perceptible change is the formation of a transverse sulcus between it and the left lobe of the prostate, and an increased hardness of the tumour itself. This hardness may indicate that it is undergoing an atrophic change, a condition which is well known to occur occasionally in all malignant growths, and that apart from any influence exerted on them by treatment. I must confess that it is not common for treatment to cause such a notable amelioration in the symptoms of carcinoma of the bladder as it appears to have done in this case; but inasmuch as the change took place in such a marked manner directly the treatment had been adopted, and has continued up to the present time, I think that we may with all fairness assume this satisfactory result to be the direct outcome of the action of the prescribed remedies.

In chronic bladder troubles of the aged few drugs are so generally useful as *lycopodium*. This is especially the case in thin men who have the flatulent distension typical of *lycopodium*. Apart from acting on the bowel trouble it relieves the bladder irritability which, in many of these cases, is half the battle.

Triticum repens ϕ in fairly large doses is also useful if given in a small quantity of water at night. In private work I prefer prescribing the liquor tritici of Parke, Davis & Co., as it is a more elegant preparation.

CASE II.

Subacute urethritis, chiefly membrano-prostatic. Septicæmic symptoms in earlier stage. Speedy cure with injections into prostatic urethra.

G. J.—Purulent discharge from urethra for $3\frac{1}{2}$ months. First attack of gonorrhœa. No syphilis. Attack began with thick yellow discharge, which disappeared for several days when under treatment. It returned after giving up attending his doctor, and with this return came rigors and high temperature (104° F.) Resumed treatment and rigors stopped, but discharge continued, and treatment has not caused its disappearance.

Discharge thick creamy yellow. Some smarting in micturition. Examination showed stenosed meatus urinarius, causing a pocket behind it. Great tenderness at entrance of deep urethra when bougie passed, and its passage through membrano-prostatic portion caused intense burning. Two tender spots in anterior urethra.

Treatment.—Thorough cleansing of anterior urethra with hydrostatic douche; meatotomy, and finally injection into membrano-prostatic urethra of a gr. iij ad $\bar{3}$ j solution of nitrate of silver, a few drops of the same solution being placed on the tender spots in the penile urethra on withdrawing the injecting tube.

These injections were continued twice weekly for three weeks by Dr. Vincent Green, who had sent the patient to me, and at the end of that time the discharge had entirely ceased.

The above case is an illustration of the method of searching for, and of treating, when found, that form of gonorrhœal inflammation limited to the deep urethra. Such a condition is left after an ordinary attack of gonorrhœa has subsided under the usual treatment of injections made by the patient himself. Such injections only affect the anterior portion of the urethra, and never penetrate to the deep part beyond the triangular ligament, and it is here that the disease process tends to locate itself. Such a condition is liable to lead to many complications. In this patient's case septicæmic symptoms were marked. In many others, epididymitis is set up; and in young men, on a virgin soil, such epididymitis is apt to have tuberculous infection grafted upon it.

This posterior urethritis, neglected or overlooked, is apt to lead in older patients to a condition of impotence—though not necessarily one of sterility. The following case is an example of this:—

CASE III.

J. H., aged 40 years. Six years ago noticed that erections were imperfect and that connection was unsatisfactory, the flow of semen taking place too rapidly. This lasted about eight months and then very much improved for three years, during which time the patient was in the backwoods of North America. Two years ago, on his return to civilisation the symptoms came back, and have persisted ever since. He has had five attacks of gonorrhœa. Last attack left a gleet for many months. No syphilis, but soft chancre. Connection is now practically pleasureless; semen flows away too soon; erections imperfect. On passing motion has occasionally noticed flow of spermatic looking fluid. No pain or bleeding on micturition. Examination shows contracted meatus. Slight stricture in bulbous portion of urethra; much spasm of constrictor urethræ and burning pain as the bougie passes through membranous urethra. Prostate enlarged and soft, especially right lobe, and some tenderness here. Right testicle shows small cysts in globus minor. Urethroscopic examination shows enlargement of mucous glands of urethra. It confirms the presence of slight stricture at about $5\frac{1}{2}$ inches (by means of inflation), and shows marked congestion of the veru-montanum in the prostatic urethra.

Diagnosis.—Chronic prostatitis and chronic inflammation of membrano-prostatic portion of urethra, the result of past attacks of gonorrhœa, causing a certain degree of impotence.

Treatment.—The patient was ordered triticum repens; ichthyol suppository, gr. j every other night in the rectum; and twice a week injections into deep urethra and neck of bladder with a gr. iv ad $\frac{3}{4}$ j nitrate of silver solution. Moreover, once a week massage of the prostate per rectum, and occasional passage of a full-sized cold steel sound. Coffee, alcohol, and excessive smoking stopped, likewise connection.

A course of the above treatment for a period of six weeks very much improved matters, and the patient was recommended to take a long sea voyage, which he has done.

As a condition of impotence is a symptom not uncommonly complained of, it may be well to devote a short space to its consideration.

Impotence may be classified according to its cause under the following heads :—

Psychical impotence, due to an inhibitory action of the cerebrum on the genital centre in the lumbar cord. In these cases erection from lascivious thoughts is possible when the patient is alone, but when coitus is attempted, owing to certain mental impressions either originating in, or conveyed to the brain by the special senses, an inhibitory impulse travels to the sexual centres, preventing for the time being erection and ejaculation. This condition can be brought about not only by sexual excess, but from anxiety, mental overwork, business worry, and in certain cases the nervousness connected with marriage will act in the same way.

As an instance of the latter condition I may quote

CASE IV.,

that of a young man who had just been married and who consulted me on account of the appearance of this symptom. He had masturbated in early youth, but had given up the practice at the age of fourteen years.

A little assurance, and some doses of anacardium and a stimulating diet quickly set matters right, much to the relief of the patient, who feared the loss of his wife's affection more than that of virile power. Such cases need judicious treatment and all the help that assurance of the curability of their trouble can give them ; and the general health needs usually more attention than the genital apparatus.

Symptomatic impotence, the next form of sexual impairment, is due either to some general bodily illness without necessarily any disease of the genitalia, or is a symptom of disease of the brain or spinal cord. It may also be produced by ingestion of certain drugs as opium, alcohol, turpentine, bisulphide of carbon, etc.

Organic impotence is the last class, and is due to absence, imperfect development, or disease of some part of the male organs of generation.

The first case mentioned above of impotence due to prostatitis is an example, and many more might be given. Suffice it to say that impotence of this kind has two stages. First, the hyperæmic or irritable. Secondly, the anæsthetic. The first stage is characterised by increased genital reflexes. Ejaculation is premature

owing to this increased reflex. The mucous membrane of the urethra is hyperæmic, and very sensitive to the passage of instruments, especially in its prostatic or deep portion. In the anæsthetic stage the condition of the part is almost the reverse of the foregoing. The sensibility of the urethra is often reduced to zero. The penis and scrotum are shrivelled in appearance, erections are imperfect, and emissions occur without any pleasurable sensations.

CASE V.

Chronic seminal vesiculitis with partial impotence; spermatorrhœa.

C. S., aged 40 years For past year has been troubled with frequent urging to stool with occasional difficulty in retaining fæces. Pelvic pain in connection with, and sometimes apart from, defæcation. This pain is relieved by involuntary emission of semen. History of syphilis eight years ago for which he was treated with mercury, and had symptoms of mercurialism. Gonorrhœa four times; gleet two years ago. Alcohol had been freely indulged in. The patient stated that if he sat still for a long time great pelvic discomfort would ensue, and that this would only be relieved by involuntary seminal emission. Erections are imperfect and ejaculation occurs too early and with more of pain than of pleasure. Examination of rectum showed much tumefaction of the walls of the gut; slight piles. Region of both seminal vesicles tender to touch, and pressure there with the finger causes a sensation of impending emission of semen. Prostate soft and slightly tender.

The patient was ordered gr. j ichthyol suppository, acid phosph. 1x, and an injection for the bowel of lot. hydrastinine sulph., and was ordered to take a hip bath in the morning at a temperature of 105° F. for ten minutes, followed by cold sponging of perinæum for one minute.

This treatment was conscientiously carried out for a period of six weeks, when the patient reported that one week after beginning treatment he lost the discomfort in pelvic region, and had no more seminal emissions after the first fortnight. His only trouble now is great flatulence. Local examination showed slight tenderness of the seminal vesicles and prostate left still.

Lycopodium was ordered and a continuance of the hot bathing, etc., advised.

The majority of cases of impotence are, unfortunately, not so quickly improved as were the foregoing cases. Much patience is needed on the part of both patient and practitioner, and the latter must be careful to avoid the excessive use of instruments.

Beyond the passage of the deep injecting syringe and occasional use of a steel sound, but few local urethral measures are required. Massage of the prostate per rectum—the finger being covered with an indiarubber protector to avoid injuring the rectal mucous membrane—and hydropathic measures are of the utmost service.

In the anæsthetic stage a weak Faradic current from perinæum to spine is often beneficial; and as to internal remedies one must here be entirely guided by the concomitant symptoms, for if we make use of the urethral and bladder symptoms alone in prescribing for these cases we shall find a difficulty in selecting one drug from the many which would appear to be indicated.

CASE VI.

Stricture of meatus in an infant due to superficial balanitis. Cure after meatotomy and treatment of the balanitis.

The child was aged 1½ years, and had been circumcised eight months previous to being seen by me. The balanitis appears to have been present since the operation. It was superficial and limited to the region immediately surrounding the meatus, and had caused the latter to contract up to a minute opening, which was quite blocked up by the crusts formed by the discharge from the inflamed surface of the glans.

As a result the child had great difficulty and pain in passing water and had screaming attacks, and the constant straining was causing the descent of a hernia.

Meatotomy was freely performed, and an ointment of Liq. carbonis detergens and lanoline ordered, and sulphur internally. A bougie to be passed into the meatus by the mother every day for a fortnight. The above treatment quickly relieved the condition which, though not a common one, the writer has had occasion to treat in one or two other instances. In all it has appeared after circumcision, but whether as a *post* or *propter hoc* he is not prepared to say.

NOTES ON FORMALIN.

By ALEX. H. CROUCHER, M.D. & C.M. ED., F.R.C.S. ED.

FORMALIN is the name of a saturated aqueous solution of 40 per cent. formic aldehyde (CH_2O).

Formic aldehyde is a gas prepared from wood spirit and other alcoholic liquids by oxidation. It dissolves easily in water, and is called in commerce Formalin.

It has the great advantage of harmlessness to warm-blooded animals, and freedom from corrosive properties. Martindale and Westcott, in the Extra-pharmacopœia, state that formalin has a necrotic action on the skin, and is not suitable for wound treatment; I have not found it act so, but the smarting caused by its application to raw surfaces and mucous membranes is very severe. The action of formalin as a disinfectant is well-known, and also as a preservative of food.

Having used this substance in two cases of lupus and one of rodent ulcer, I have made short notes of them.

CASE I.

In September, 1900, Lydia P., æt. 30, a cook, came under treatment at the Eastbourne Homœopathic Dispensary: she entered the room with her face shrouded from view by a very thick black veil, and told me that as a rule she only went out at night, being so sensitive about her affliction.

On the veil being removed, it was apparent on inspection that the patient was suffering from that variety of lupus designated lupus vulgaris, and that the disease had existed for some considerable time.

There were red, raised, scaly patches situated on the forehead, reaching from half way between the scalp and superciliary ridges down to the eyebrows, and involving the eyebrow on the left side, and extending from the middle of one eyebrow to the other; the other active patches were present over almost the whole extent of each cheek, not however going above the malar bones, but extending down to below the level of the mouth, and there was a considerable extent of the disease under the chin.

There were cicatrices around all the active patches, and the alæ of the nose had been partly destroyed, the surface of the nose was of cicatricial tissue with a few active nodules on it.

As regards family history, the patient's mother is alive and well, her father died in an asylum, and there was a history of phthisis in a paternal uncle and his son.

The following is a short history of the case and its treatment. At the age of 10 years patient had scarlet fever, and during convalescence she was in the habit of fondling a favourite cat; a spot appeared on the right cheek, and the patient was taken to Blackfriars Skin Hospital, where the place was burnt.

The patient's father was so convinced that the cat (which was unwell) had caused the disease, that he had the animal destroyed.

Later, at varying intervals, she was treated at St. Mary's Hospital on four different occasions, where it was scraped; this treatment was also carried out at the Middlesex Hospital. Altogether she had eight treatments at different times.

The last occasion was two years ago, at St. Mary's Hospital, where she had seven injections of Koch's tuberculine, which produced severe erysipelas, causing a dangerous illness, but on recovering, the disease was much better. Three months later the disease recommenced, and since then she had no further treatment until she came under my care.

On *October 27th*, 1900, L. P. was admitted into the Leaf Homœopathic Cottage Hospital, and on the next day ether was administered, and all the diseased areas were thoroughly scraped with a sharp spoon, and as far as possible all diseased tissue removed, and while under the anæsthetic a solution of formalin, twenty per cent., was vigorously worked in with a stiff brush; on *October 29th* a one per cent. solution was ordered to be painted over the denuded areas night and morning.

November 5th.—Twenty per cent. solution of formalin applied, and the same on the following day.

November 7th.—Advantage was taken of the anæsthetic and antiseptic properties of a saturated aqueous solution of chloretone; the face was well bathed with the solution for about ten minutes before the painting, and it certainly had the effect of diminishing the pain caused by the application of the formalin.

November 8th.—One per cent. solution to be applied night and morning, and the affected parts to be covered with glutol skin; glutol skins are thin sheets of gelatine

impregnated with formalin, and are sold in sheets, 7 x 9 inches; healing had commenced, and from this time went on rapidly.

November 17th.—Two per cent. solution applied night and morning.

November 26th.—Twenty per cent. solution applied.

November 27th.—Two per cent. night and morning, glutol skins still applied in the intervals of the paintings.

December 2nd.—A few lupus nodules were treated with Pacquelin's thermo-cautery, and formalin omitted.

December 3rd.—Boracic ointment applied, and the patient was discharged a few days later with a sound cicatrix having replaced all the diseased areas.

On *January 25th*, 1901, patient came to the dispensary with no veil over the face, but wearing a bright smile, remarking that no other treatment had produced such a good result, and that she was not now afraid to be seen in daylight by her fellow creatures.

CASE II.

The following is a case of rodent ulcer of the left lower eyelid, which occurred in an old gentleman over eighty years of age.

About *five years ago* G. H. noticed a small nodular elevation on the lower eyelid, he rubbed and otherwise irritated it, ulceration occurred, it alternately healed and ulcerated for some time, but the area of disease gradually increased.

In the *summer of 1899* Mr. Knox Shaw saw the patient in regard to another trouble, I called his attention to the eyelid, and he remarked that it was a rodent ulcer, and suggested a weak solution of formalin to be used; it was shortly afterwards tried, but the pain and smarting were so unpleasant that the treatment was stopped. However, in spite of numerous other remedies for the affected eyelid and accompanying conjunctivitis (much aggravated by the patient rubbing and scratching the part) the disease continued to make slow progress.

During *May, June and July of 1900* the formalin treatment was renewed, one per cent. solution was used with a fine camel's hair brush night and morning, and a ten per cent. solution used once or twice weekly for a period of two months, and the one per cent. solution continued for about two months later, applied once daily.

Seen then, the angry-looking ulcerated surface, extending along the greater part of the palpebral margin, was transformed into a healthy cicatrix, and remains so now. There was marked ectropion before the treatment, but that has quite gone.

The eyelashes and their follicles were destroyed by the disease, and the lower lid destitute of eyelashes.

As regards the *pathology* of rodent ulcer, it does not grow from the surface, but begins in the subcutaneous tissue, and it is only after it has spread for some little distance that the epidermis ulcerates ; this was especially noticeable when applying the formalin with the brush, one was able to insinuate the head of the brush into the tissues and quite bury the head, and thus thoroughly to get the formalin in contact with the diseased tissue.

Rodent ulcer is twice as common in men as in women ; it generally begins as a small tubercle which later becomes an ulcer ; the ulcer is usually single, its edges are irregular, sinuous, and a little raised, but only slightly indurated ; its base is slightly depressed, glazed, void of granulations, and generally of a pale pink colour, at times covered with a scab ; the skin around is healthy. Although attempts at cicatrization are sometimes seen, the cicatrix readily breaks down, and the ulcer, which never quite heals, slowly extends, destroying muscle, cartilage and bone, till at the end of twenty or thirty years it has destroyed a greater part of the bones of the face, one or both of the eyes, and the cartilages and bones of the nose, leaving a horrible and unsightly chasm ; such a case I saw last July in a man in the Edinburgh Royal Infirmary, under the care of Mr. Annandale.

The patient is certainly to be congratulated on the fortitude with which he bore the applications to such a sensitive part as the eyelid, and its close proximity to the conjunctiva. The smarting must have been intense.

CASE III.

Arthur N., æt. 16, came into the Leaf Homœopathic Cottage Hospital on *November 9th*, 1900, and I feel unable to decide whether it was a case of lupus, or of tubercular ulceration.

The disease occurred on the right lower extremity, and extended from some three inches above the knee

posteriorly, down to a short distance above the os calcis, and included the popliteal space: on the leg it extended laterally as well as posteriorly, part of that area was of cicatricial tissue, but the greater part was raised, red, scaly, soft, and easily broken down.

Eight years ago, patient had suppuration of the right ankle joint, he was treated in a hospital, and a plaster of Paris bandage applied; the lad states that the discharge from the unhealed tracks saturated the plaster of Paris. When the plaster was removed there was a papular eruption over the skin of the popliteal space, these papules coalesced, and the disease spread down the limb as described above. No application did any good.

On *November 13th* all the diseased parts were scraped thoroughly away with a sharp spoon, and to the raw surface formalin, twenty per cent. solution, was applied vigorously with a stiff brush; the treatment subsequently, until *November 22nd*, was, after a previous application of chloretone solution, the application of a one per cent. solution of formalin, followed by a boracic lint poultice; healing progressed favourably.

November 22nd.—Glutol skins were applied after the application of formalin, in lieu of boracic poultice, and the patient was discharged on *December 31st, 1900*, with the leg healed.

Medicines given internally were arsen. iod. 3x, \mathfrak{m} v, t.d. p.c., from *November 10th* to *November 20th*, and afterwards silica 6, grs. v, t.d. Cod liver oil was taken internally the whole time.

EASTBOURNE.

SOME CLINICAL EYE CASES.

(SIMPLE CHRONIC CONJUNCTIVITIS)

By J. R. P. LAMBERT, M.D.

HAVING been asked for a paper on short notice, I propose to narrate a few cases of chronic conjunctivitis treated in the out-patient department of the London Homœopathic Hospital, and to make a few remarks thereon.

CASE I.

M.F., 54, presented herself for treatment on *April 21st, 1898*, complaining of a burning aching behind the

eyes, which had troubled her for six weeks. She was wearing +2 D.S. for distance, and +3.5 D.S. for reading in each eye. Her vision was found to be less than $\frac{5}{6}$ in each eye, and she had a manifest hyperopia in the R.E. of +3, with which glass her vision was normal, and in the left with +2.5 D.S. her vision was $\frac{5}{6}$. Refraction by retinoscopy showed rather over 3 dioptries of hyperopia in the R.E., and over 4 D. in the L.E. With 4.5 D. however, she could read Jaeger 1 with the R.E., and also with the left, but not so easily. She was found to have early lenticular changes in the L.E. in the form of striæ resembling cracked glass throughout the lens.

She had the following subjective symptoms: great burning pain behind the eyes, and pain in the forehead, and these were aggravated at night. She was ordered arsenicum 30 t.d.s., and though I have made no note to that effect, I take for granted that her reading glasses at least were changed to +4.5 D.; even this glass gave but about one-half the ordinary allowance for presbyopia, but this is not uncommon in hyperopes of a considerable degree, whose ciliary muscle must, of necessity, be well developed.

On *May 12th*, she reported that she was better, had less burning, but the eyes were still troublesome, and they stuck together at night, proving the presence of chronic conjunctivitis. The medicine was repeated, and boracic lotion added.

June 6th.—Still difficulty in opening the eyes at night, but no discharge now. Lids feel as if stuck to the globe. Feeling of cold wind blowing on forehead. On the indication of this last symptom, fluoric ac. 12 t.d. was ordered, and the lotion stopped, as she experienced no relief from it.

June 20th.—Eyes still troublesome at night. Has not had the cold sensation for a week. Fluoric ac. 30 t.d.

July 4th.—Eyes much better. Has had the cold sensation again. Alum. 12 t.d.s.

July 25th.—Eyes and head a great deal better. Rep.

August 29th.—Is very much better. She now volunteered the remark that she used to be troubled with constipation, but has been better for some time. Alum. 30.

September 26th and October 24th, 1898.—She again

applied for more medicine, each time reporting herself much better.

She then did not appear again till September 3rd, 1900, complaining of a return of her old symptoms—burning in the eyes, and a feeling as if the lids clung to eyes, which are very dry. I again tested her vision, and found R.E. with her correction $V = \frac{6}{60}$. L.E. $\frac{6}{12}$. Prescribed again alum. 12.

October 1st.—Dr. Hamilton saw her for me, and noted: "Says her eyes feel better." R.E. with glass = $\frac{6}{60}$, L.E. with glass, $\frac{6}{12}$ (i.e., as good vision as two years before, even with the L.E.). Rep. alum. 12.

November 5th.—Is much better, has no burning now, but some smarting. Rep. alum. 30 t.d.s.

She has not returned since.

This case presents several points of interest. There is no doubt alumina was the proper remedy for her from the first, and would have been prescribed at once if the symptoms, which were afterwards elicited, had been known, viz., the feeling of dryness of the lids so that they seemed to adhere to the eyeball, and also the constipation. It is also to be noted that the lenticular changes in the left eye had not progressed in $2\frac{1}{2}$ years.

CASE II.

M. T., aged 49, applied for treatment on November 17th, 1898. She complained of inflammation of the left eye and discharge, duration $1\frac{1}{2}$ years. Has been treated at the Royal Westminster Ophthalmic, and the Central Ophthalmic Hospitals, but with no benefit. The condition of the right eye was described as presenting "marked conjunctivitis," and the left as "severe conjunctivitis, upper and lower lid."

She had the following subjective symptoms: burning, very bad at times, at the back of the eye; lids stick together at night; headache, frontal region; and down right side at times. R̄ ars. 12 t.d.s., lot. ac. borac. and ung. ac. borac. dil.

December 8th.—Reported herself much better, much less pain and headache. She said the medicine ran out in a week, and she was not so well then. Rep.

Though this patient has not returned again, the previous history of treatment at two well-known ophthalmic hospitals without relief warrants the conclusion that

the prompt and very likely permanent relief was due to the arsenicum.

CASE III.

F. H., aged 29, came under treatment May 10th, 1899, complaining of her eyes having been bad two months. R.E. $V = \frac{1}{12}$, L.E. $V = \frac{1}{18}$ L. Retinoscopy showed a low degree of hyperopic astigmatism in each eye, corrected in the R.E. by $+5$ D axis vertical which gave $\frac{6}{6}$ vision, and in the L.E. by -25 D.S., and $+1$ D cyl. axis vertical, which gave practically the same result. She had also marked conjunctivitis, and complained of burning hot pain in the eyes; things look scarlet before the left eye; sees floating balls before the left eye. She had suffered from great pain behind the eyes for two to three years. She wakes with it, and it lasts till 11 a.m. Ordered nat. m. 30.

July 3rd.—Was much better, but has been bad again for nine days, and has headache again. Rep.

February 8th, 1900.—Was much better for some months, but now has severe pain in the eyes again. Has had no headache to speak of for a long time. Has a feeling as if something in the eyes. Rep.

CASE IV.

A.L., 18, clerk, came to hospital November 18th, 1897, complaining of his eyes being painful and sore; and that artificial light tries them very much.

On examination he was found to have more acute vision than normal in each eye, though he had a low degree of hyperopic astigmatism $+25$ D. in the right eye, and $+5$ D. in the left. He had also well marked conjunctivitis in each eye. The following subjective symptoms were elicited: sharp burning pain round the edge of the lids; on reading, the lines run together. He has no headache as a rule, but sometimes a heavy feeling on the head. He was ordered argent. nit. 6 t.d.s., and gtt. arg. nit. gr. j.-5j.

December 2nd, 1897.—Is much better—hardly any pain now; but still has intense conjunctivitis. Rep. arg. 6. Lot. ac. bor. He did not come again till January 20th, 1898, when a note was made: "still some redness of lids," which would imply that the conjunctivitis was certainly less marked. His medicine and lotion were repeated.

February 20th.—He reported that he was better and had no pain.

This case is interesting in that the symptoms were greatly relieved by the first prescription of argent. nit. internally and locally, even though the local condition was not visibly improved.

CASE V.

Wm. H., age 34, student, came under treatment on October 8th, 1896, complaining of pain in the eyes, and of seeing a haze diagonally across a book. He was wearing R.E. +1 D.S., and L.E. -1 D.S. and +.5 D. cyl. ordered at this hospital twelve months ago. With these glasses he reads $\frac{6}{6}$ with the right eye, and $\frac{6}{12}$ with the left. He was found to have what I then described as "lithic conjunctivitis" in each eye, and he also suffered from flatulent dyspepsia and constipation. He was ordered lycop. 30 t.d.s. and lot. ac. bor.

October 29th.—Reported himself better, his dyspepsia and constipation being also much improved. Rep.

November 19th.—Eyes much better—still some dyspepsia. Rep. lot. et. lycop. 12 t.d.s. He has not returned again.

In cases of chronic conjunctivitis, and still more I think in cases of hyperæmia of the conjunctiva, it is important first of all to test the refraction. It is not sufficient to test the distant and near vision, both of which may be very good, though the patient may have a considerable degree of hyperopia which is causing eye strain, and this frequently induces hyperæmia of the palpebral conjunctiva, which may go on to chronic conjunctivitis. I have seen a hyperope with 4 D. of astigmatism who could read $\frac{6}{6}$ and Jaeger 1, and many a hyperope of three or four dioptries of simple hypermetropia can read $\frac{6}{6}$ and J. 1. In most of these cases the error of refraction is found to be hypermetropia, and is therefore more easily overlooked.

Some of the cases I have reported, however, show that correction of their refraction does not cure them, nor will local treatment alone give a permanent result. The ordinary boracic lotion is most often useful, and gives considerable relief, but it is only temporary in chronic cases. I am sure much more can be done by the indicated remedy, but this is not always easily found.

In many cases it is difficult to get any symptoms beyond the feeling of irritation or feeling of grit in the eyes. Of other symptoms burning is perhaps the most common, and the most commonly indicated drug is arsenicum. I have not seen any good from it in low potencies here, but frequently have got very good results in the 12th and 30th. Sulphur is also frequently indicated by sharp pricking as from a needle, which must not be a hot one, else arsenicum should again be given. Argentum is useful where there is much asthenopia, or perhaps purulent discharge, but this is seldom the case in chronic cases, which alone are under consideration. Case I shows the indications for alumina. Case V was described as "lithic conjunctivitis," by which was meant a condition in which small yellowish white elongated spots about the size of a small pin's head are seen in the conjunctiva, but these are not always due to lithic deposits (more often not). True lithic deposits are hard and may present sharp points, and are then best excised. These patches are not uncommon, and I have regarded them as a clinical indication for lycopodium, which I never use below the 12th. In reference to case IV, where there was a low degree of astigmatism $+5$ D., I did not note whether or not a glass was ordered. In such cases I usually try treatment first, and if the symptoms are not relieved, then give their correction. Many ophthalmic surgeons in this country ignore such low degrees of error, which is often a mistake.

In closing, I would say that all the cases reported were cases of simple chronic conjunctivitis, not the granular nor follicular variety, in which different remedies and local treatment are more often called for.

THE HOSPITAL ON RATIONAL MEDICINE AND EMPIRICISM.

By R. E. DUDGEON, M.D.

MY article entitled "A Century of Homœopathy," in the January number of the *Review* has attracted the attention of the editor of the *Hospital*. The points he has selected for his criticism will be sufficiently apparent in the following letter I addressed to him and the reply he has given in the number of that periodical for February 9th.

To the Editor of *The Hospital*.

SIR,—I have only to-day seen your notice in the number for January 12th of my article, "A Century of Homœopathy." If it be granted that yours is "rational medicine," your critical remarks are justified. But does the ordinary practice of the dominant school represent rational medicine? The only reason you give for the selection of a remedy for a disease is that you want to be satisfied "whether it really does good." It is a matter of complete indifference to you "whether the beneficial effect of a certain drug is discovered by a homœopathist, an old woman, or a naked savage." You don't care a straw *why* the drug cures; you only take the word of the naked savage, the old woman, or the homœopathist that it does cure as your reason for employing it. Is that rational medicine? I would call it pure empiricism, or eclecticism, if you prefer the term. The homœopathist sets to work to find remedies for cases of disease in a different way. We first ascertain the effects of drugs by testing them on the healthy, and in any case of disease we give a medicine that causes on the healthy an array of symptoms as like as possible to those of the disease; in other words, we give a remedy which we have found to act on precisely the same parts as are affected in the disease to be cured.

You do not deny that homœopathists discover remedies by their "provings," and you say, "let us give them every credit for it." We are grateful for this admission. Had it been usual in your school we should not have talked of you pillaging our materia medica, for you are heartily welcome to all the fruits of our labours if only you will have the courtesy and scientific spirit to acknowledge their source.

As to which side the *rapprochement* of the two systems comes from, I would only remind you that since the introduction of homœopathy, your school has abandoned most of its cherished traditional methods of treatment, and now uses many of the remedies introduced to medicine by the homœopathists, whereas homœopathy has not changed its therapeutic rule since Hahnemann propounded it more than a century ago, and has not adopted any of the methods, either old or new, of your school; so that the *rapprochement* of the two practices can hardly be said to have come from our side.

Yours faithfully, R. E. DUDGEON, M.D.

63, UPPER BERKELEY STREET, W.

February 2nd, 1901.

[We never either said or suggested that we "take the word of the naked savage, the old woman, or the homœopathist that it (that is the remedy) does cure," so that *what* Dr.

Dudgeon says about our practice being "pure empiricism" falls to the ground. If Dr. Dudgeon will kindly refer to our article, he will find that our remark about the "naked savage" was made to enforce the fact that the practitioners of what we have spoken of as "rational medicine" are in no way restricted in their choice of remedies, and also that we went on to say that what would influence us in the using of a drug would be "the accumulated experience of its beneficial action in certain morbid states, and of its power to produce certain effects which we desire for the relief of our patients." We certainly never suggested that we would "take the word" of either the naked savage or the homœopathist on the question. As to the question of "*rapprochement*," we cannot see that the fact—if it is a fact—that our "school" (we quote the word although we do not approve of it) "has abandoned most of its cherished traditional methods of treatment and now uses many of the remedies introduced by homœopathists" gives the slightest excuse for suggesting any leaning towards homœopathy. Surely knowledge has advanced during the past hundred years, and as the very essence of rational medicine is that it brings all knowledge to bear on treatment, the practice of medicine must of necessity have advanced; "whereas," as Dr. Dudgeon says, "homœopathy has not changed its therapeutic rule since Hahnemann propounded it more than a century ago." If Dr. Dudgeon considers that our use of many of the remedies introduced to medicine by homœopathists indicates a leaning to homœopathy, or is, in his own words, "a sort of homœopathy," we must leave him to the tender mercies of his fellow-homœopathists. That is not our idea of homœopathy, nor, as we think, would it have been Hahnemann's."—ED. the *Hospital*.]

The editor denies that when he speaks of the discovery of the beneficial effect of a certain drug by a homœopathist, an old woman or a naked savage, he implies that he takes the word of these observers or practitioners. But if he does not take their word for their discovery, how does he learn about its beneficial effect? By "the accumulated experience of its beneficial action," he says. By this he means, I suppose, the repeated and successful employment of the drug in cases similar to those in which its beneficial effect was discovered by the homœopathist, the old woman, or the naked savage, to whom only, and not to any guiding therapeutic rule, he is indebted for the knowledge of its beneficial effect, that led him to use it in similar cases and thus accumulate experience. If this is rational practice, I cannot see how it differs from pure

empiricism ; but if the editor is satisfied that it is "rational medicine," we homœopaths will leave him to the enjoyment of his satisfaction.

I quite agree with him that "knowledge has advanced during the past hundred years," but it is strange that the therapeutic knowledge of the old school should be manifested in the abandonment of its time-honoured methods of treatment, which Hahnemann denounced, and in the employment of many remedies that were first introduced into medicine by Hahnemann and his disciples, and yet that this partisan of old physic should deny that this gives the slightest excuse for suggesting any *rapprochement* of his school towards homœopathy.

His threat, that for calling the employment by the self-styled rational school of so many of our peculiar remedies in morbid states similar to those in which we use them "a sort of homœopathy," he "must leave me to the tender mercies of my fellow-homœopathists," does not alarm me, for I am sure my fellow-homœopathists will be tenderly merciful to me, seeing that they all think alike with me on this subject. I might have called the fashionable practices of sero-therapy and opo-therapy "a sort of homœopathy," a bad sort to be sure, but still a palpable *rapprochement* towards the homœopathic formula of *similia similibus*.

POLYORROMENITIS.

By D. MACNISH, M.A., M.B.,

Assistant Physician to the London Homœopathic Hospital.

POLYORROMENITIS or polyserositis signifies inflammation of several serous cavities. The serous cavities principally affected are: (1,) Peritoneum ; (2,) Pleura ; (3,) Pericardium.

This disease is not rare. The name is new. Such diseases are usually classified under the terms influenza, septicæmia and pyæmia, tuberculosis and rheumatism. The causes of these diseases vary. Pneumococcus, streptococcus or staphylococcus are different causes.

Polyorromenitis may be acute, sub-acute or chronic. The disease is well known to every practitioner. The name is strange and new. It may be the means of drawing special attention to the disease.

ὀπρός or *ὀπός* signifies the watery parts of the blood or serum. Hence the term Polyorromenitis. This disease

usually appears first in the peritoneum, next in the pleura and sometimes in the pericardium. When the pericardium is attacked, the prognosis is unfavourable.

Secondarily, we find it attacks the cerebral meninges, the lung, stomach and liver, and other parts of the body. The following case may give a more complete idea of the nature of the disease.

A.B., female, æt. 34, married, was first seen on Nov. 9th, 1899. She had been ill for sixteen years. She complained of feeling weak and giddy, of a fluttering at the heart, and having on several occasions fallen down. Her medical history consisted of the following diseases—Gastric fever, æt. 8 years. Chorea, æt. 12 years. Acute rheumatism, æt. 18 years—from this attack of rheumatism she had never fully recovered. She had three children. She had seven miscarriages, the latest being three years ago. She menstruated every alternate week as a rule, though now the menses were irregular. The menses lasted seven days, were very profuse, attended with almost no pain. Patient was exceedingly nervous, always apprehensive of something fearful happening. There were slight choreic twitchings in the hands and legs. Her appetite was poor. She had severe attacks of pyrosis, flatulence and sharp pains on the right side over the liver. The bowels were open daily. She suffered continually from headaches. She said she never knew what it was to be free from some kind of pain in the head. She suffered also from insomnia, and fits of depression, almost amounting to melancholia. Her mental condition was at times a source of anxiety to her relations. Patient was always in a state of extreme nervous tension. She lived in constant dread of some fearful calamity happening to herself or to her family. Her face was always flushed, and often the whole body became flushed, followed by profuse perspiration. Night sweats were common. Shiverings and coldness of the body alternated with the flushes. She was peculiarly susceptible to barometric changes. Damp and cold affected her intensely. She was, as she herself expressed it, constantly out of breath. The slightest exertion brought on an attack of breathlessness. For some years she had been under allopathic treatment. Latterly she had given up all medical treatment, as she felt she was much better without it. On examination the chest

was thin; violent pulsation noticed in the epigastric and left hypochondriac regions; the heart was dilated—the left border being half-an-inch outside the nipple line. A loud systolic bruit was heard all over the chest, especially at apex. The action of the heart was intermittent. Lungs—vesicular sounds all over. At right apex on percussion the note was dull, and the breath sounds harsh. There were no crepitations nor adventitious sounds heard over the chest. The liver was not increased in size. The stomach was normal. The patient was slightly anæmic. On examination of abdomen nothing abnormal was detected. The transverse colon was slightly dilated. The uterus was large—a condition of sub-involution. There were large external piles which at times bled profusely. Nothing abnormal in regard to the ovaries, etc., was detected. There was no evidence of ascites nor œdema of feet.

Bryonia 3x \mathcal{M} j. 4 hrs. a.c. was prescribed. On November 17th patient reported that the giddiness had been much less and the abdomen less distended after food. Patient continued with the medicine until December 2nd and reported herself much better in every way, the giddiness and flatulence had entirely disappeared. The other symptoms remained much similar, but as she considered them a part of her usual health she was told to discontinue the medicine for a month, unless there were any return of the vertigo or flatulence.

On January 16th, 1900, I was called late in the evening to see the patient. The temperature was 103° , pulse 110, respiration 48. Patient was in a condition of orthopnoea. There were sharp pains over abdomen and heart, slight nausea, severe frontal headache, profuse night sweats, slight cough with clear phlegm. Bryonia 3x 2 hrs. was ordered. Lin. bryoniæ was warmed and gently rubbed over the chest and abdomen. Hot india-rubber bottle applied to back—lower dorsal and lumbar regions. On January 17th patient said she felt much better, the pains were almost gone. The bowels were freely open, no nausea nor vomiting. Temp. 101° . Pulse 90. Respiration 30. There were a few papules over the chest. Rep. bryonia.

January 18th. A bright erythematous rash all over body; abdomen distended and tympanitic. Temp. 99.4° . Pulse 84. Respiration 26. There were pains all over

abdomen, sharp and continuous during the day. The menses again appeared after three days' interval from the previous period. The flow was bright red and profuse, no definite pain accompanied it. Patient was sleepless, very depressed and apprehensive, the slightest cough or movement gave her intense pain in abdomen. The heart and lungs were as usual.

Liniment of equal parts of ext. belladonnæ and glycerine was applied over abdomen. Belladonna 3x, mercurius corr. 3x, were given in alternation every hour. Diet consisted chiefly of milk, beef tea, soups, Horlick's malted milk, light puddings, fish, cocoa, tea with milk, cream, skimmed milk, scrambled egg. The condition was diagnosed as peritonitis, the cause was probably septic. Several members of the household had been suffering from influenza. On account of the menstrual flow no vaginal examination was made. The discharges appeared natural, free from any odour. There was no history of direct infection. The primary cause was considered influenzal. The temperature varied from 99° to 102° until January 28th, when it became normal night and morning. The distension subsided, the menses ceased after five days, the digestion was fairly good, the headaches were much less severe, the bowels were open once daily, the urine was still full of urates, the chest symptoms remained much as usual, the nausea disappeared entirely. Patient, however, felt very weak and still suffered from profuse sweats.

On *January 29th*, patient felt much as usual, the abdomen was not tender on palpation, the distension was very slight. On examination of chest there was an area of dulness posteriorly, at left base of the lung, extending up to middle of scapula. Anteriorly the dulness extended up to the sixth costal cartilage. Breath sounds inaudible over this area. Vocal fremitus and vocal resonance very much diminished, almost nil. Right lung breath sounds louder than usual, no dulness except the slight dulness at apex anteriorly, previously detected. Breath sounds were loud over upper part of left lung, no marked alteration over the dull region of the lung. Very slight cough and phlegm, clear and watery, as there had been all through the illness. The temp. was 99°. Pulse 80. Respiration 40. Bryonia 1x mj 2 hrs. Lin. bryonia externally. Gamgee jacket applied to chest. The

belladonna liniment over abdomen was discontinued. Stimulants: brandy ʒj every two hours. Patient felt "very weak and very queer."

On *January 30th*, Temp. 100°. Respiration 40. Pulse 84. Very little cough, no pain in abdomen, an attack of dyspnoea during the early morning at 3 a.m. Nausea this morning at all times, not aggravated by food or stimulant. Bowels open, fæces natural. Perspiration during the day as well as at night.

On *January 31st*, Temp. 100°. Pulse 90. Respiration 40. Discomfort over left side of chest and heart, several attacks of dyspnoea. Nausea with retching during the day. Cold feelings alternating with hot. Appetite fair. Food every two hours; brandy ʒj every two hours. Slight dulness at base of right lung, phlegm streaked with blood. Temperature rose in evening to 102°, this rise was preceded by a rigor. Pulse 104. Respiration 50—but variable. Phosphorus 6x, 2 hs. Lin. Phosphori n. et m.

February 1st. Vertigo returned. Temp. 100°. Pulse 90. Respiration 44. Dulness diminishing on left side, breath sounds faintly heard over the dull area, bowels open, abdomen not distended and free from pain on palpation. In the evening Temp. 101°. Pulse 92. Respiration 46. No nausea nor retching. Phlegm streaked with blood, cough slight.

February 2nd. Temp. 98·4°. Pulse 80. Respiration 40. Patient felt much better, no vertigo, no nausea. Takes her food and stimulant well. Champagne ʒij every four hours. Brandy discontinued. Right lung posteriorly, dulness extends up to spine of scapula. Breathing: expiration prolonged, crepitations at end of inspiration. Phlegm comes up freely, no streaks of blood noticed. Occasional pain over right side. Left effusion gradually diminishing. Phosphorus 6x, 4 hrs. Lin. phosphori warmed and applied over right lung. Bowels open, no abdominal discomfort. The temperature remained normal until the 12th. Patient felt much better. The effusion on the left side largely diminished, the breath sounds heard all over lung, and no diminution at the base. Right lung: the pneumonia cleared up from the base. Dulness and bronchial breathing with crepitations heard only at upper third, anteriorly and posteriorly. Phlegm yellow, no streaks of blood.

February 13th. Sharp pains over heart, cardiac dulness increased fully one inch outside nipple line. Heart sounds muffled. Orthopnoea. Temperature 101°. Pulse 110. Respiration 50. Nausea and vomiting of food. Bowels open, fæces natural. Pains over body, shivering alternating with heat. Headache frontal and occipital, very severe. Patient drowsy, choreic twitchings marked. Enemata of peptonised milk, yolk of one egg, brandy ʒj, given every four hours. Iced champagne ʒij every two hours. An attack of hæmatemesis this afternoon, amount of blood about ʒiv. Motion stained black during the night. Pulse irregular and intermittent. Brandy hot compress applied over heart. Right lung no crepitation heard. Breathing bronchial at apex anteriorly and posteriorly, i.e., expiration = inspiration: no interval between the two, the sounds are continuous. A few streaks of blood in the phlegm. The headache the most prominent symptom. She says she cannot see things. Feels strange and unnatural. Shiverings frequent and alternating with waves of heat. Ipecac. 3x ʒj half hr. Then bryonia 1x for four hours. Every two hours lin. bryonia applied over heart in alternation with hot brandy and bryonia compresses. Inhalations of Friar's balsam given at intervals. Enemata of brandy and peptonised milk gruel given. Champagne by mouth. Hot compresses applied to nape of neck and forehead. One dose of glonoin 1 given for headache. The nausea and retching disappeared after the use of ipecac. Temp. in evening 100°. Pulse 90. Respiration 40. Patient felt much better, but unable to lie down. Extremities inclined to be cold. Slight blue discolouration of face.

February 14th. Patient had a better night. Orthopnoea marked. Temp. 99°. Pulse 84. Respiration 42. Digestion fair, coughs seldom, very little phlegm, no return of hæmatemesis, no pain in chest, pain in back, especially lumbar region, headache slight, sleeplessness marked. Left lung, etc., almost well. Right lung, an occasional crepitation at apex, otherwise well. Heart dulness extends half-an-inch outside nipple line. Heart irregular and intermittent. Strophanthus ϕ ʒj, 2 hrs. given. Crotalus 12 night and morning. Patient felt better from the medicine.

February 15th. Choreic twitchings marked, occasional

picking at bed clothes—a most grave sign. Cough slight. Right side of chest—on percussion dulness from base to middle of scapula, over this area breath sounds inaudible. Temp. 99°. Pulse 104°. Respiration 50. Pain in stomach and abdomen. Slight diarrhœa with tenesmus. Head feels queer, loses her sight every now and again she says. Tinnitus aurium marked. Very deaf. Nausea and retching frequent. Abdomen slightly distended. At 2 p.m. unable to feel radial pulse. Cardiac sounds weak. Had had several attacks of unconsciousness. Coughs rarely. Heart dulness as on previous day. *Strophanthus* ϕ and *cactus* 1x were given at different times. Injection of strychnine given. Nutrient enemata given every two hours. Champagne 3ij every half hour. Brandy compresses over heart. Inhalation of oxygen at intervals. Temp. 98°. Heart movements weak, ninety to the minute. No pulse at wrists. Extremities cold. Rubbed hands and feet with hot spirit. Hot bottles applied to body. Brandy 3j in all foods. Patient revived and spoke to all her relatives. There was an attack of hæmoptysis at 3 p.m. Patient felt better after it. The amount was about 3iij. The nausea disappeared. The head felt much clearer, and she could hear much better. On auscultation the heart sounds were clearer. The air was entering left lung freely. Right lung, dulness slightly less. The breath sounds could be heard at the base. At 4.20 p.m. patient suddenly expired—evidently due to cardiac failure.

This case has been described at length. There are many points of interest. The peritonitis, the left pleural effusion, the pericarditis, the right pneumonia followed by pleural effusion, the hæmatemesis, the meningitis, the hæmoptysis, and last of all the cardiac failure are the prominent features of the illness. This patient before the illness suffered from rheumatism and chorea, disease of the mitral valve and dilatation of the heart, evidently due to pericarditis, gastric fever which had probably injured the gastric mucous membrane. The cause of the fatal illness was evidently, to use a popular term, some poison in the system. One naturally thinks of influenza, tuberculosis, septicæmia and pyæmia, rheumatism and ulcerative endocarditis. The prominent feature was the inflammation of several serous membranes. It began, as

usually cases of polyorromenitis begin, with the peritoneum, then the pleuræ, and afterwards the pericardium. The secondary symptoms were the meningitis, the gastritis subacute with hæmatemesis, the pneumonia with hæmoptysis. The erythematous eruption, the subinvolution of the uterus, and the menorrhagia are also of interest. This patient was a variable one, her symptoms during life were alternating. She had diarrhœa alternating with constipation. She had depression alternating with violent excitement. She alternated from bulimia to anorexia. She had, as a rule, hyperacidity but sometimes hypoacidity. She had attacks of sleeplessness and attacks of drowsiness. The amount of urine was most variable. She would have acute dysuria one day, and next day no discomfort whatever. Purpuric eruptions were frequent. Her reflexes were always much exaggerated. She was either too hot or too cold. The pendulum of her life was never at equilibrium, it swung from one extreme to the other.

The important question is the cause of this polyorromenitis. Rheumatism is a very probable cause. Tuberculosis is doubtful. Her initial disease always kept her lungs engorged with blood, and inhibited tubercle of the lungs. It is rare to find tubercle in a rheumatic patient. Ulcerative endocarditis may be ruled out of court. Influenza is another probable cause. There was influenza in the house. Rheumatic patients are prone to attacks. Pericarditis is a very common form. Septicæmia and pyæmia would easily account for the erythematous eruption, the peritonitis, the pleural effusion, the pericarditis, the pneumonia and probably the hæmatemesis.

This patient's life had been a burden to her for several years. She had been practically confined to her room for over a year. As she herself expressed it, if it was not one thing, it was another. She was always ailing—never well. The poison had a most favourable nidus to develop, organ after organ was attacked, the weakest one—the heart—succumbed. I hope that the publication of this case may be the means of drawing the attention of your readers to this type of disease which has been honoured with such a marvellous name. The disease itself is a formidable one to tackle, the name is more so.

A PULSATILLA COUGH.

By ANDREW M. NEATBY, L.R.C.S. & P. Ed.

ON the 18th of June, 1896, I saw Mrs. G., aged 59. She was never strong but had fair health till about a month previously, when she caught a cold and began to cough. When I first saw her she was suffering from a most severe convulsive cough. The paroxysms were very prolonged and accompanied by suffusion of the face and lachrymation. There was thick yellow expectoration coming up in chunks, and rather looser than it had been. The cough was provoked by tickling about the level of the larynx, a little to the left of the middle line. There was no account of aggravation at any particular time of the day, but it was observed that coughing was provoked by eating anything dry. She could not lie down properly at night owing to a choking sensation which was produced by assuming the recumbent posture. There was severe dyspnœa. She frequently suffered from headache affecting the forehead, the pain being compared to a heavy pressure. Her appetite was never good. She had formerly suffered from diarrhœa but had had less of that trouble latterly. There was pain in the back after food. She complained of frequently feeling faint. There was some tendency to anæsthesia of the left hand and also occasional attacks of cramp. Her sleep was much broken. There was considerable difficulty in getting to sleep and she was unable to sleep for long at a time.

The above description of the cough is the best I am able to give, and is accurate so far as it goes, but is quite inadequate. I have hardly ever witnessed paroxysms so severe. Pulsatilla 3 ; ter.

22nd June.—Less cough and dyspnœa. Less headache and faintness. Has slept much better the last two nights. Cont.

26th June.—Very marked improvement in the cough, but has considerable pain in the back. Improvement in sleep continues. Less dyspnœa. Cont.

2nd July.—Improvement maintained. Rep.

6th July.—The convulsive cough entirely gone, nothing remaining except slight and easy expectoration. I gave hepar 30. A few days later there was a slight relapse which yielded to pulsatilla 30.

REVIEWS.

Diseases of the Spleen, and their Remedies, clinically illustrated,
by J. COMPTON BURNETT, M.D. Second edition, revised
and enlarged. London: James Epps & Co. Ltd., 1900.

WE congratulate Dr. Burnett on the call for a second edition of his book on the spleen. All that he writes is racy and interesting reading, and many of his remedies are out of the common. His cases are, most of them, striking, and worth making acquaintance with. The chief remedies brought forward in this book are *ceanothus*, *oleum succini non rectificatum*, and *spiritus glandium querci*, all of which seem to be of much value in suitable cases. The introductory chapter is interesting, and Dr. Burnett is a great admirer of Hohenheim, usually known as Paracelsus, undoubtedly a remarkable genius, and of Rademacher, from whom he quotes a passage of about thirty pages. Our readers will find Dr. Burnett's little book well worth reading for the practical hints it conveys, and for his bringing into notice the virtues of the medicines already named.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the Session 1900-1901 was held at the London Homœopathic Hospital on Thursday, February 7th, 1901, Dr. Roberson Day, vice-president, in the chair.

SECTION OF MEDICINE AND PATHOLOGY.

Dr. Midgley Cash (Torquay) read a paper entitled: "The Electro-cautery in Chronic Throat Diseases," of which the following is an epitome:—

Dr. Cash said that while wishing to draw attention to the electro-cautery as a potent and reliable weapon in throat diseases, he did not wish to advocate the neglect of other methods such as gargles, sprays, compresses and inhalations, including the recent and useful ærizer. The following are the most frequent forms of pharyngitis:—

Chronic Parenchymatous Hypertrophy of the Tonsils.

This is one of the common and most important of these local conditions, as by their presence the large tonsils inflict serious injury on the health, and retard growth, mentally and

physically, to an extent which can never be made up for afterwards. Besides which, they offer a suitable area to which the micro-organism of diphtheria or tubercle may be attracted. The use of the electro-cautery in such cases had proved eminently satisfactory, the chief advantage being the avoidance of hæmorrhage, the tonsils shrinking up under its action into small, innocuous bodies.

The *modus operandi* was then given, and three cases detailed of successful application.

Hypertrophic Pharyngitis, or *Clergyman's Sore Throat*.—The electro-cautery has been proved a most valuable means with which to combat this often inveterate condition. The benefit of cauterisation may probably be owing to a powerful reflex stimulating effect upon the larynx. Cases were quoted in which not only was the throat trouble overcome, but the general health greatly benefited.

Varicosis.—The condition of *varicosis* and *thrombosis* of the *pharynx* is very apt in certain constitutions to supervene on common recurring pharyngeal catarrhs, and when existing is a source of much irritation and cough. Little good can be done as to treatment except by the electro-cautery, and this, happily, is sufficient for its cure. Instances were given of treatment for *pharyngo-laryngitis* and for *varicose-pharynx* co-existing in an invalid with dilated heart and chronic bronchitis, where four days after application the cough was quieted, all the enlarged veins were seen to have disappeared, and the patient expressed herself as "greatly relieved."

An interesting discussion followed the reading of Dr. Cash's paper, in which Mr. Dudley Wright, Drs. Dyce Brown, Wills, and Vincent Green joined, and Dr. Cash replied.

Dr. Searson (Brighton) then read a paper on Gout.

He gave a resumé of the later teaching regarding its causation, and epitomised the opinions of those who have gone before and present day practical experience of the subject.

Gout was defined as "a morbid condition characterized by the presence of an undue amount of effete matter in the blood and tissues, which effete matter gives rise to local arthritic lesions and general constitutional disturbances."

In evidence of the conflicting hypotheses advanced as to the cause of gout, the following theories were enunciated.

(a.) Uric acid compounds as mechanical irritants to joints and tissues.

(b.) Uric acid compounds as toxins circulating in blood-stream.

(c.) Degenerative changes in tissues as primary cause, such changes not being caused by urates.

(d.) Nerve disturbance the primary cause of gout.

Luff's exposition must be now taken as the latest and most authoritative pronouncement as to the cause of gout from the purely chemical point of view. He gives it as his opinion that uric acid does not and cannot exist in the blood in the free state, under any conditions whatsoever, and that when it is present in that fluid, it can only be in the form of one of its salts.

While the theories as to the cause of gout differ as widely as the suggested remedies, on what may be called the dietetic and hygienic measures, the theorists appear to be in general agreement. "Cases of gout are much less frequent now than they were in the days of Sydenham ; this is mainly due to the greater temperance in eating and drinking which prevails in the present age, and in part no doubt to the spread of athleticism, and to the development of outdoor exercise."

In answer to the question, Can gout be avoided? the answer may be honestly given—Yes! And even if there be a distinct family history of gout, hereditary predisposition, though a factor, is a minor one.

The lines suggested for prevention were those of *simple living*. Meat food in moderation, avoidance of wines and beers, and eating of fruits and fresh vegetables. *Regular physical and mental* exercise. Walking, fencing, riding, cycling, rowing or swimming ; also Whiteley's or Sandow's exercises. It is hardly possible for the goutily-disposed person to do too much bathing. The morning tub, cold or cool, followed by vigorous rubbing, hot baths, vapour baths, turkish baths, and the wet-pack are all to be highly and freely commended. Drs. Blackley, Wills, and Vincent Green and Searson (in reply) contributed to a discussion of the subject.

NOTABILIA.

THE HAHNEMANN HOSPITAL, LIVERPOOL, AND THE HOMŒOPATHIC DISPENSARIES.

ON Feb. 5th, the supporters of the Hahnemann Hospital, Hope Street, and Homœopathic Dispensaries, held their annual meeting at the Town Hall, the Lord Mayor (Right Hon. Arthur Crosthwaite) presiding over a large attendance.

The annual report, which was read by the secretary (Mr. Thomas Cooper), stated that the committee were glad to be able to give a good account of the work done in connection with all departments of the charity. The work divided itself

into three branches, namely, the in-patient work of the hospital, and the out-patient work in the Hope Street and Roscommon Street Dispensaries. Four hundred patients had been received into the hospital for medical or surgical treatment during the past year. The increasing number of patients at the North Dispensary was a matter of gratification as evidencing the appreciation by the very poor of the homœopathic system of medicine. The hospital had been kept in a high state of efficiency during the year. Large numbers of serious cases had been admitted for both medical and surgical treatment, and in this latter connection the remodelled operating theatre had been found to be most valuable. The private wards, which should be a source of additional income, had not been used during the past year to the extent they should have desired, nor so much as they would be if the fact were more largely known that these wards were available at a comparatively low fee. The thanks of the committee of the institution were tendered to the committee of the Hospital Sunday and Saturday Fund for their much-valued contribution to the charity. The grant had been exceptionally useful in view of the fact that the finances of the hospital were not in a satisfactory condition. While the income from permanent investments had increased, available working capital had diminished to a large extent through the lack of legacies, and the shortness of available funds was becoming a real source of danger, as it had been the cause of great anxiety during the past year. There was pressing need for an increase in the number of subscribers. The attendance of patients for the year 1900 was:— Out-patient Department, Hope Street: attendances at the dispensary, 37,713; visits at own homes, 3,055. Roscommon Street Dispensary: attendances at the dispensary, 25,346; visits at own homes, 1,664; total, 67,778. Number of in-patients treated within the hospital during the year ended 31st December, 1900, 424; admitted during 1900, 400; patients treated in Convalescent Home, West Derby, 45.

The Lord Mayor, in moving the adoption of the report, alluded to a point of great importance, viz.: that the Hahnemann Hospital did public philanthropic work, which entitled it to the support of charitable people, even if not themselves adherents of homœopathy. We think that this is a ground of appeal which should be brought more prominently forward by managers and supporters of homœopathic hospitals than has been the case in the past. These institutions will bear comparison with any others, as is shown by the grants which the Sunday and Saturday funds make to this hospital and to the one in London.

We notice that a scheme has been mooted for the building of a laundry and of a larger nurses' home. This has the support of Lord Dysart, who is always a good friend to the cause of homœopathy, and we hope it will be carried to a successful issue.

We have no details to hand of the work of the medical and surgical staff.

SUSSEX HOMŒOPATHIC DISPENSARY.

A SATISFACTORY record of work done during the past year was presented at the Seventeenth Annual Meeting of the Sussex Homœopathic Dispensary, held at the Institution, 29, Richmond Place, Brighton. Mr. W. A. Hounsom, J.P., the Chairman of the Committee, presided, and amongst those present were Dr. Belcher, Mr. H. G. Hilbers, M.R.C.S., Dr. Prowse (the Medical Officer of the Dispensary), Mr. J. H. Sharp, J.P., and Mr. F. Hilton, the Secretary.

The annual report showed that the number of new cases attended at the Dispensary during 1900 was 1,579, while the consultations numbered 9,555. In 1899 these figures were 1,689 and 11,704 respectively. With regard to the visiting department the number of new cases was 703, and the number of visits made was 4,134. The figures for the previous year were 669 new cases, and 3,726 visits. The financial statement was satisfactory in view of the many claims made on the public in the past year, subscriptions and donations showing an increase of £5 4s. The year 1900 ended with a slightly less balance on the wrong side than was the case in 1899, but an outlay on repairs would have to be met during the present year. The Committee earnestly hoped that the unostentatious work of the past might long be continued, to the benefit of those requiring aid in times of sickness, and the satisfaction of the generous friends of the institution. The statement of accounts showed that the receipts on the General Fund had been £287 5s. 4d., and the expenditure, £317 6s. 7d. This left a deficit balance of £30 1s. 3d. as compared with £36 0s. 11d. for the previous year.

A propos of the Homœopathic institutions of "London-by-the-sea," the *Brighton Gazette* (Feb. 9th) makes the following sensible remarks:—

"Amid the large number of medical charitable institutions that we have in Brighton, it is almost impossible, perhaps, that some of them should not, to some extent, overlap in their

work. Doubtless, the greatest care is taken to prevent anything of the kind, if for no other cause than the waste of energy and of revenue which it would represent. Still, one can hardly escape the feeling that something of the sort must be ensuing in that department of medical aid represented by homœopathy. We have a Brighton Homœopathic Dispensary, and also the Sussex County Homœopathic Dispensary, whose work, of course, is more concerned with Brighton than the county at large. It is satisfactory to find that these Dispensaries can show good work accomplished from year to year: but that there should be two such closely allied institutions covering the same ground, but under different management, points to the need of an approachment, as calculated to avoid confusion, and at the same time to conduce to administrative economy and greater efficiency.

"The question of amalgamation of these two institutions is no new thing. It has been mooted for years, but as yet nothing has come of it. This week the question has again been brought forward. At the annual meeting of the Brighton Homœopathic Dispensary it was stated that overtures for the amalgamation of the two Dispensaries had been made to the Sussex institution, and had been received in a friendly spirit. Still, it had to be admitted that no definite results had ensued, although no effort had been wanting on the part of the Brighton Dispensary to bring amalgamation into effect. Seeing that the latter institution is about to develop its work in Hove, that affords additional reason for further effort in the direction of amalgamation, for Hove should ordinarily be included in the preserves of the other society. In fact, the more these societies grow the more they will overlap. Their coming together under one management therefore appears to be desirable at the earliest possible moment, and we trust the friendly spirit which has been spoken of as existing between the two authorities will soon result in a satisfactory settlement of the matter."

CROYDON HOMŒOPATHIC DISPENSARY.

THE Second Annual Meeting of the reorganised Homœopathic Dispensary of Croydon was held on the 15th ult., under the chairmanship of Samuel Taylor, Esq.

The work of the Dispensary—that is, of its medical officers—has been both heavy and successful. The funds have not increased in proportion to the increase of the work,

but we hope that the fact has only to be known to the benevolent public of Croydon in general, and to those interested in homœopathy in special, to be promptly remedied. The year 1900 shewed an increase of 1,000 consultations. The home-visiting department record shows that the medical officers paid no less than 570 visits.

No words of commendation on our part are necessary. We are glad to know of and to publish a report such as this.

MERCURIUS CORROSIVUS POISONING: REPORT OF A CASE WITH ANALYSIS.

IN the *Medical Century* (Dec., 1900) Dr. W. B. HINSDALE writes:

"I was called at two in the afternoon to see a young woman who was reported to have taken poison. When my assistant and myself arrived at the house we found the victim vomiting profusely. The vomitus was watery and of a pronounced blue colour. The inmates of the house said that about twenty minutes before she had attempted to poison herself. They stated that she had swallowed blue vitriol, but had no other reason for thinking so than that the matter vomited was of vitriol colour.

Upon the table in the room was an uncorked bottle bearing the label 'Mercurius Chloride; Antiseptic Tablets; Coloured, Poison.' We asked the woman if she had taken some of the tablets. She said she had but did not know how many. Without further delay a stomach tube was passed and three gallons of water turned into the stomach, a quart at a time, and siphoned out. The last quart or two of water flowed clear; however, the entire mass of water had a decidedly bluish tinge. The water was taken to the chemical laboratory of the university and a quantitative test made for bichloride of mercury. The amount was estimated at fifteen grains. This did not include a large part of the poison that had been vomited before the siphonage. It should be borne in mind that the time between the swallowing of the tablets and the lavage was thirty minutes. Immediately after the stomach-washing raw eggs were turned into the stomach through the tube and allowed to remain. The patient was removed to the University Homœopathic Hospital, where the following record was taken:—

PATIENT ADMITTED 4 p.m., June 9, 1900.—Showed signs of great depression and anguish: enema of hot milk and brandy given, but not retained; drachm of whisky injected into each leg; chlorate of potash, 5 grains, given but immediately vomited; potash repeated and retained; vomited

every half hour until half-past nine ; whites of two dozen eggs given in water during night ; gum-arabic mucilage given as a drink ; pulse in radial artery imperceptible until eleven ; vomited at 3 a.m. and 4 a.m. ; at 7 p.m. pulse easy to count but weak ; oatmeal gruel given in morning and retained ; slept at intervals ; voided urine, which was probably in the bladder before poison was taken, at 11.30 p.m.

June 10.—DAY REPORT, SECOND DAY.—Egg albumen continued ; hydrastis given every hour ; bowels moved every fifteen minutes, passages small in quantity, mixed with bright red blood ; some milk taken ; patient was urged to drink all the water she could ; complained of great pain in throat, stomach and bladder ; no urine voided.

NIGHT REPORT.—Mouth very sore and gums swollen ; gum-arabic mucilage and oatmeal gruel given ; was not at all nauseated ; passed drachm of urine early in evening, none later : bladder irrigated with hydrastis water ; fairly comfortable sleep when not disturbed ; infusion of digitalis given.

June 11.—DAY REPORT, THIRD DAY.—Mouth very sore and swollen ; calendula mouth-wash greatly relieved burning ; bowels moved three times ; no urine voided or obtained by catheter ; hypodermic of an eighth grain pilocarpin at 10.30 ; at 11 patient was bathed in copious, very offensive perspiration ; at evening skin was very dry and rough.

NIGHT REPORT.—Patient very miserable all night ; teeth very painful ; complained of aching all over ; towards night refused all drinks ; would not take egg albumen or gruel ; bowels moved twice with dark, loose passages ; passages were bloodless ; catheter passed, no urine. Digitalis infusion given.

June 12.—DAY REPORT, FOURTH DAY.—Digitalis infusion given every three hours ; patient wrapped in hot wet blankets and hot fomentations applied across region of kidneys ; fomentations changed every fifteen minutes ; perspired very little ; dry, hot-air bath, no perspiration to speak of ; tea called for and a little given ; egg albumen continued ; teeth very loose and bleeding ; peroxide of hydrogen applied to teeth with considerable reaction ; complained of great pain in abdomen, left side and lower part of back ; vomited milk-curds and a great deal of bile from 6 a.m. to 9 a.m. ; three drops of urine obtained by catheter ; saliva flowed from mouth constantly ; chemical tests showed saliva to contain mercury.

NIGHT REPORT.—Catheter passed twice, one drachm of albuminous urine obtained ; drachm of fluid extract of Apocynum given during night in water ; vomited four times ; pilocarpin given as before ; copious, odourless perspiration.

June 13.—DAY REPORT, FIFTH DAY.—Apocynum as before ; vomited once ; normal salt solution injected above and below

right breast and into cellular tissue of thigh ; enema of salt solution given and retained ; iced tea called for and given ; iced tea vomited ; some weaker than day before ; slept two hours ; catheter passed, no urine ; chipped ice in mouth.

NIGHT REPORT.—Feels more comfortable at evening ; retains food and drink ; mouth very dry ; chipped ice ; snores ; moans and breathes with difficulty when asleep ; normal salt twelve ounces, subcutaneously during night ; pulse weak and fast ; temperature one degree sub-normal ; face puffed and flushed ; body abnormally sensitive all over.

June 14.—DAY REPORT, SIXTH DAY.—Hydrastis discontinued and hepar sulphur. prescribed ; no urine passed ; pilocarpin injected ; events of day and condition of patient same as day previous.

June 15.—DAY AND NIGHT REPORT, SEVENTH DAY.—Events of previous day repeated.

June 16.—DAY AND NIGHT REPORT, EIGHTH DAY.—Mouth very sore ; excoriating fluid flows from mouth ; bowels still much distended ; stool unformed but not otherwise unnatural ; remedy changed to nitric acid ; few drops of urine ; butter-milk, gruel, normal salt and mouth washes as before ; steam bath followed by alcohol rub.

June 17.—DAY REPORT, NINTH DAY.—Passed an ounce and a half of urine ; analysis of urine : acid, water-white, specific gravity 1003, albumen, pus and epithelium abundant ; treatment of previous day continued ; thirty-five ounces of butter-milk given ; bowels moved slightly ; constant abdominal pain.

NIGHT REPORT.—Steam bath. Began menstruating (?) ; restful sleep ; seemed much better in morning ; food, drink and medicines tolerated.

June 18.—DAY REPORT, TENTH DAY.—Saline used as before ; steam bath ; malt extract given several times ; two ounces of urine ; bowels constipated ; slept greater part of day.

NIGHT REPORT.—Flax-seed-tea enema, not very effectual ; steam bath ; very stupid but restless until 2 a.m. ; throat very sore ; would take no nourishment or drink after midnight ; symptoms of uremia ; pilocarpin hypodermically ; copious perspiration ; almost black passage from bowels.

June 19.—DAY REPORT, ELEVENTH DAY.—Saline given ; turpentine enema, not effectual ; refused nourishment until eleven o'clock ; pea soup asked for and given ; passed urine three times, two ounces at each time ; pilocarpin at 4 a.m. ; before hypodermic of pilocarpin pulse 132 and weak ; after copious sweating, pulse 120 and stronger ; very drowsy ; half ounce Rochelle salts given.

NIGHT REPORT.—Called for beer, four ounces given ; bowels moved at 7, 8 and 9 p.m. in response to salts ; pilocarpin ; free perspiration ; more quiet sleep than previous nights ; very weak and depressed at 4 a.m. ; pulse almost imperceptible ; one grain of *strychnia sulphuricum* 2x given.

June 20.—**DAY REPORT, TWELFTH DAY.**—Butter-milk, cream, water and ice at intervals ; *digitalis* infusion, vomited ; patient sat up fifteen minutes ; five ounces of urine voided ; urine contained much albumen, pus and epithelium.

NIGHT REPORT.—Routine of previous day continued ; urine voided three times ; nineteen ounces of urine in all ; sat up once ; pulse 120 and stronger ; great soreness across abdomen immediately relieved by turpentine stupe.

June 21.—**DAY REPORT, THIRTEENTH DAY.**—Cream and extract of beef given ; light clay-coloured passage from bowels ; right side of tongue very sore and bleeding ; blood did not clot ; geranium, tannin, vinegar and alum were applied in turn to stop bleeding from tongue ; saline solution and *digitalis* infusion given ; passed urine three times, eighteen ounces in all.

NIGHT REPORT.—Bleeding from tongue uncontrollable ; remedy changed to phosphorus ; usual styptics of no avail ; thirty-three ounces of urine passed ; bowels moved twice ; would take no food ; cream enema given ; wanted nothing but beer.

June 22.—**DAY REPORT, FOURTEENTH DAY.**—Bleeding of tongue still continues ; *ergot* locally of no avail ; points where hypodermic needles had been inserted began to puff up and bleed ; symptoms of cyanosis ; constriction about the throat ; phosphorus changed to lachesis ; took no food ; enemas of cream and eggs given ; eighteen ounces of urine passed.

NIGHT REPORT.—Mouth still bleeding ; for an hour or two at a time hot water relieved the hæmorrhage ; considerable amount of urine passed involuntarily ; pulse 140 and weak ; takes some milk and still calls for beer ; nutrient enemas continued ; bowels moved once.

June 23.—**DAY REPORT, FIFTEENTH DAY.**—Took some beef extract, cream and milk ; still wants beer, small amount of which is allowed ; passed twenty-five ounces of urine naturally ; urine shows microscopically unmistakable evidences of degenerative nephritis ; pulse 148 to 124 ; bleeding from left breast where hypodermic needle had been inserted uncontrollable by pressure or local styptics ; after twelve hours' bleeding tannic acid seemed to stop it for a time ; remedy changed to *crotalus*.

NIGHT REPORT.—Temperature 100 in rectum ; breathes with difficulty ; respiration 32 per minute ; takes food and a little beer ; saline fluid injected.

June 24.—DAY REPORT, SIXTEENTH DAY.—Patient seemed brighter in the early morning ; soon grew weaker ; urinated ; took cream and water ; saline solution per rectum ; strychnia injected at nine ; died at noon.

The post-mortem revealed but the slightest evidences of inflammation in the gastro-intestinal tract. An area of slight congestion was noticeable upon the posterior wall of the stomach. It must be remembered that the corrosive was swallowed fifteen days before death, allowing plenty of time for a moderate erosion to repair. There was no evidence that if there had been a hyperæmia and inflammation it had involved more than the mucous lining of the stomach. The intestinal canal showed no evidences of having been corroded.

The liver and spleen showed microscopically some enlargements and evidences of parenchymatous changes. The kidneys were the only organs that, to any degree, revealed sufficient cause for death. They were much enlarged, the left being much more enlarged than the right. In contour they were irregular and nodular. Upon section they presented the same appearance as is seen in large white kidney. The body was not emaciated. Ante-mortem, the blood, as is indicated in the daily report, was thin, non-coagulable and degenerated.

The report from the pathological laboratory was as follows : 'The specimen of kidney shows unmistakable evidences of acute parenchymatous nephritis. Many of the tubules contain casts and there are small foci and small-cell infiltration.'

The patient would undoubtedly have recovered but for the nephritis. The corrosive effects of the poison, while producing extremely severe symptoms for a few days, were not sufficient to cause deep ulceration or to heal with cicatrices.

GENERAL CONSIDERATIONS.

A list of Lippe's symptoms that were verified, together with those that may be deserving of additional consideration, is attached to this paper as Appendix 'A.'

Appendix 'B' sets forth briefly the deductions made from the case as 'Therapeutic Hints.' I do not presume to say that either the additional list of symptoms or the 'Therapeutic Hints' will be of value ; they are put forth as suggestions only.

Appendix 'C' graphically illustrates the temperature and pulse ranges during the entire course of the case.

It seemed that this interesting history, of fifteen days' duration, might be made of use. Whether I have been able to make it so is very questionable ; but I will assume sufficient

self-confidence to declare that the report has been faithfully kept and conscientiously given. It has been corrected by Drs. Westfall and Mann, *internes* of the hospital, who watched the patient with unceasing vigilance, and also by the nurses who kept the records.

APPENDIX 'A.'

Symptoms as given in Lippe's *Materia Medica* that were developed in case reported. For the sake of brevity Lippe's phraseology has been abridged as much as possible :—

Anxiety preventing sleep ;
Weakness of intellect, starting when spoken to ;
Fluent coryza ;
Face and cheeks swollen, red, bloated ;
Paleness of distorted face ;
(Edematous swelling of face ;
Face covered with cold perspiration ;
Swelling of lips, mouth, tongue and throat ;
Swelling of lips, mouth, throat ;
Turning up of lip, which is dark-red and swollen ;
Tongue coated with thick white mucus, dry and red, stiff ;
Looseness of teeth, they pain ;
Gums swollen, covered with false membrane ; bleed freely ;
Mouth dry, thirst ;
Ulcers in mouth, gums and throat, foetid breath ;
Burning in mouth and gums ;
Ptyalism, acrid ;
Painful burning in mouth, extending to stomach ;
Pricking in throat ;
Swelling of throat, difficult swallowing ;
Pharynx dark red, painful to contact ;
Upon effort to swallow, retching and vomiting ;
Burning from stomach to mouth, and in 'pit' of stomach ;
Swelling, distension of stomach, not permitting least touch ;
Vomiting of albuminous matter, tough mucus, blood ;
Vomit looks like bile ;
Cutting below navel ;
Diarrhœa, bloody mucus, fæces mixed with dark blood ;
Burning in rectum ;
Tenesmus of bladder, suppressed urine ;
Urine only passed in drops, with pain ;
Urine scanty ; brick-dust sediment ;
Menses too early (?) ;
Constriction of chest, breathes with pectoral muscles ;
Oppression of chest ;
Stitching of chest ;

Hæmoptysis (?) ;
 Rheumatic pains in shoulder-blade ;
 Cramps in calves ;
 Twitchings, convulsive contractions ;
 Violent hiccough ;
 Somnolence ;
 Violent starts when trying to go to sleep ;
 Chilliness in open air ;
 Burning and stinging heat in skin ;
 Night sweat ;
 Perspiration becomes fœtid ;
 Whole skin covered with cold perspiration ;
 Gray colour of nails.

The following symptoms, in addition to those already given, were very noticeable:—

Was occasionally anxious, but general demeanour one of indifference ;

Non-coagulability of blood, blood degenerates, 'dead' blood ;

Bleeding persistently from small punctures ;

The urine loaded with epithelium from bladder and kidneys ;

Suppression of urine, followed in a few days by copious flow ;

Bloody diarrhœa followed by constipation ;

Albuminuria ;

A febrile temperature.

APPENDIX 'B.'

The non-coagulability of blood in this case was very like the blood conditions that are so characteristic of cyanide of mercury, the snake poisons and phosphorus, or like the blood depravity which sometimes occurs in diphtheria and other acute infectious diseases.

If the pathological changes in the urine and kidneys are of value as 'working' symptoms, they certainly indicate this preparation in acute Bright's disease and suppurative cystitis.

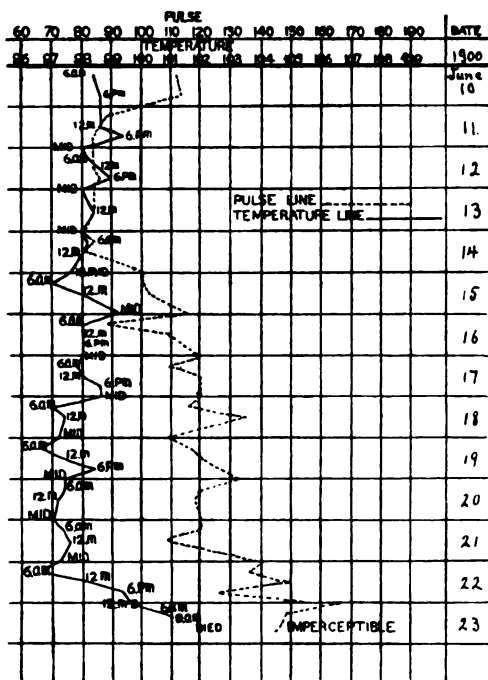
The excessive soreness and bleeding from the linings of the cheeks, the gums and the tongue would seem to place this preparation prominently in the mercury family in stomatitis and thrush.

The nipping pains in the abdomen and bloating would seem to confirm its indication as a prominent remedy in peritonitis, although there were no post-mortem changes indicating that the peritoneum had been in the least congested.

The febrile temperature line suggests low vitality and tendency to collapse.

APPENDIX 'C.'

Pulse and Temperature Chart in Corrosive Sublimate Poisoning."



THERAPEUTICS OF THE MAMMARY GLAND.

In *The Clinique*, January, 1901, Dr. E. Stillman Bailey has an article prepared by him for the "Section of Gynæcology, American Institute of Homœopathy." He makes first the following general points:—

1.—Importance of early diagnosis. "Failure to recognize the character of the enlargement may condemn the patient to other methods of cure later on."

2.—In searching for a drug-remedy all the constitutional symptoms with their sequence should be worked out.

3.—The relationship of the breasts to the pelvic reproductive organs must be borne in mind, especially during menstrual life.

4.—Mammary swellings have been known to follow the suppression of abnormal uterine discharges and of skin eruptions.

5.—The possible existence of tuberculous glands must be borne in mind.

6.—The totality of the symptoms offers the only *principle* (*italics ours*) in the selection of the remedy.

7.—That a far greater symptomatology is possible when coupled with a knowledge of the pathology of each case.

8.—That local applications should be selected with as much care as internal remedies.

Amongst the drugs which Dr. Bailey mentions are the following:—

Sulphur.—For this drug BURNING PAIN, either past or present, is said to be a chief indication. Past discharges or eruptions also are said to call for this drug.

Thyroidin is used by Dr. Bailey in innocent mammary conditions associated with uterine disorders “preferably of fibroid character.” It may be continued in the 1x trituration for weeks or months without injury: general weakness, great hunger, loss of flesh, palpitation of the heart, soreness of mammæ, and hardness without heat or redness are indications.

Phytolacca and belladonna are advised in mastitis. In phytol. “the breasts are very hard, greatly swollen and painful,” fever, heat and redness of breast and tendency to suppuration. It may be also continued after abscess has formed. Bell. is said to have redness in streaks, or universal redness and throbbing. It is to be used (3x) when the first hardness is noticed.

For traumatic conditions, of course, arnica is the leading remedy. It is indicated by discolouration, bruises and *soreness*; clothing, bed, bandages, everything increases the soreness. The whole body feels bruised.

Conium and calcarea iodata are also mentioned, without indications being given. As palliative treatment support of the breast by a well and comfortably-fitting sling ranks almost first; then come protective dressing gauze, cotton wool, etc.; hot or cold applications follow.

Local medicated applications including arnica, hamamelis, calendula, or phytolacca are advised in conjunction with the same internal remedies. For offensive discharges, formalin, oil of tar and peroxide of hydrogen are advocated. The cautery and caustics are condemned. “Where neoplasms of the mammary gland have actually passed into the stage of true malignancy they have likewise passed beyond the arts in medical treatment.”

AMBLYOPIA FROM INTOXICATION WITH JAMAICA GINGER.

IN the *Journal of the American Medical Association* of Jan. 5th, Dr. E. Stieren has published a case of this condition, of which eight examples have been previously recorded in American ophthalmic literature. A man, aged 36 years, who was addicted to alcohol, drank heavily one Saturday. On Sunday, as he could obtain no liquor, he purchased a dozen ounce bottles of Jamaica ginger, which he consumed before noon. He dropped into a drunken stupor and awoke about 3 p.m., totally blind. When seen by Dr. Stieren at 6 p.m., the pupils were dilated and did not respond either to light or accommodation. The fundi showed only slight blurring of the discs. The patient could see a hand moved at twelve inches. The corneæ were almost insensitive to the touch of a camel-hair brush. He was confined to a dark room, and given during the night twenty grains of calomel and of jalap in divided doses, and one-eighth of a grain of pilocarpine hypodermically twice. Active diuresis and catharsis were produced. Next morning he could count the fingers at ten inches. On the fifth day his vision and pupil reactions were normal. The lesion in this condition is supposed to be toxic retrobulbar neuritis.

TASMANIAN NOTES.

AT the annual municipal election of aldermen for the city of Hobart, held in December last, our friend Mr. H. T. Gould, J.P., who has taken a great interest in municipal reform in that city, was returned second on the poll. There were ten candidates for the three seats, and the old aldermen again sought re-election. Mr. Gould had taken a prominent part in an agitation for an improved water supply for Hobart and in securing a better system of drainage.

Alderman Gould, J.P., is for the second year President of the Pharmaceutical Society of Tasmania, and although a homœopathic chemist, has received this mark of the esteem and respect of his allopathic *confrères*. Commenting on the Municipal Election the *Tasmanian News* said, "The victory of Alderman Gould was unique in that he employed neither canvassers nor cabs, had no committee, and yet has polled almost a record vote for Hobart."

LEGISLATION AGAINST INTEMPERANCE IN
ALCOHOL.

IMPRESSED by the report of an address by Dr. WM. CARTER, of Liverpool, on National Intemperance, the *Lancet* has lent the weight of its great influence to endorse the necessity of speaking out on this important subject on the part of medical men. In a leading article the editors remark :—

“The charge against medical men that they have been timid in testifying to the injurious effects of more than a moderate use of alcohol, while lay bodies have widely recognised these effects, is not without foundation. But the public utterances of Parkes, Murchison, Gull, and Andrew Clark, among others, laid stress on the harm done by even moderate quantities of alcohol to many persons.

“Of recent and living authorities we may refer to Sir J. Burdon Sanderson, Sir Henry Thompson, Sir William Gairdner, Mr. Victor Horsley and Dr. Robert Hutchison, as men of scientific light and leading who have spoken out. The last named author, in his book on the Principles of Dietetics, quotes the following sentences from Murchison : . . . (1,) ‘A man in good health does not require alcohol, and is probably better without it. Its occasional use will do him no harm ; its habitual use, even in moderation, may, and often does, induce disease gradually.

‘(2,) There are a large number of persons in modern society to whom alcohol, even in moderate quantity, is a positive poison.’

‘(3,) In all conditions of the system characterised by weakness of the circulation, the daily use of a small quantity of alcohol is likely to be beneficial, at least for a time.’”

Although there are better cardiac tonics than alcohol in the armamentarium of the physician, and especially in the pharmacopœia of the homœopathic physician, we have added the third paragraph from Murchison in order fairly to represent his views.

To continue our quotation from the *Lancet* : “The growing number of deaths from alcohol and the increasing consumption of it by the people, men and women, and especially women, make it incumbent on medical men who have studied the question to place their views clearly before the public,” and, we would add, before their brethren of the medical profession also.

Dr. Carter's address goes on to point out that legislation and sanitary reform have lessened the frequency of every form of preventible disease save those under the heading of alcohol. Deaths from starvation have fallen from 8 to 12 per 1,000,000 ; from scurvy deaths have remained stationary ;

from alcohol they have risen from 45 to 77 per million of the population.

That a good deal of useful preventive work can be done by legislation is shown to be a fact by an investigation carried out by Dr. Carter. "The magistrates of Liverpool, under the powers of an Act of 1872, determined to curtail the period of sale of alcoholic drinks by one hour on a Saturday night. Dr. Carter made it his business to carefully collect from every dispensary and the out-patient department of every hospital the number of surgical injuries due to drunken assaults on Saturday nights and Sunday mornings for a certain number of weeks before and after the curtailment of the hours. He has been enabled to show, without a single exception at a single institution, an extraordinary diminution since the curtailment of the hours of sale." . . .

"It is idle to think that any provision for confirmed drunkards will materially benefit either them or the nation unless efforts are made by the legislature, and by society, to prevent their being manufactured wholesale. . . . No temperance lecturer can be more profoundly convinced than we are ourselves of the terrible mischief that is being done to our country at the present day by our alcoholic indulgence. This view is, we are certain, shared by the medical profession of the kingdom, whose position for using words of caution and remonstrance is unique, and who have opportunities of studying the alcohol question at first hand which are denied to temperance lecturers."

A NEW USE FOR BOVININE.

WE have received a *brochure* from the Bovinine Company which appears to merit more attention than literature of its class generally obtains. The Company claim for their product a distinct place of its own in surgery, since it appears that gauze soaked in it has great power to stimulate and nourish new granulation tissue, and to encourage the rapid development of skin-grafts. Nor is this all. In America diphtheritic throats and highly septic sinuses have been sprayed first with bovine and secondly with peroxide of hydrogen. It appears that the diphtherial membrane is readily detached by the free chemical action which takes place, and that its reappearance can be obviated in the same way; the sinuses are said to take on healthy action, and to granulate up rapidly under light gauze packing.

A REMINISCENCE.

AN interesting reminiscence of the early days of anæsthetics is published in a recent issue of the *Spectator* in a letter from Mr. Mitchell Henry, once M.P., and F.R.C.S. Eng., and Surgeon to Middlesex Hospital. Mr. Henry is relating some of his recollections, and tells us that after receiving the rudiments of his medical education at Manchester he was articled to Mr. (afterwards Sir William) Lawrence, in London. While serving under him Mr. Lawrence had a run of cases which required the extirpation of the eye. One patient "had heard of something from America by the breathing of which insensibility was produced. Mr. Lawrence had no objection," and consequently, when the operation was to be performed, "there arrived in a cab Mr. Squire, the chemist, with a large bag." The ether was administered and never did it act better. The operation was completed, and the patient, waking up, recognised a relative standing by, said he was glad to see him, and Mr. Lawrence might begin. "It was a never-to-be-forgotten sensation" remarks Mr. Henry. The writer gives no date to this event, but says he is now 75, and as he was then an articled pupil, I suppose this must have occurred over fifty years ago. The first administration of ether in America was in 1846, and it was not till 1848 that Sir James Simpson published reports of his chloroform experiments. Mr. Squire (who, I suppose, was the late Mr. Peter Squire) was evidently very up-to-date.—*Chemist and Druggist*.

HOMŒOPATHIC PHARMACOPEIA.

THE new *Pharmacopœia Homœopathica Polyglotta* by Dr. Willmar Schwabe, has now been published by the author under the title of the *Deutsches Homœopathisches Arzneibuch*. The work, which has been thoroughly remodelled, is divided into four parts. The first gives general instructions on the mode of preparing and testing homœopathic medicaments. The second enumerates and describes the medicaments most used, giving special directions for their preparation and testing. The third classifies the less-used preparations, and the whole concludes with a *résumé* of the scientific treatises on which the compilation is based.—*Chemist and Druggist*.

THE SALT TREATMENT.

NEW YORK, *January 6th*.—Dr. W. T. S. Coakley, a Chicago physician, makes known the results of some tests he has been

making of "the salt treatment" during the past six months. He states that he has experimented upon one hundred dogs, and that an injection of a solution, containing 2 per cent. of salt and heated to 110° Fahrenheit, restored vitality to the animals after 90 per cent. of their blood had been extracted. He subsequently experimented upon human beings suffering from malaria, subjecting them to injections of his solution applied direct to the spleen, and thereby bringing about a cure in six weeks. In a case where Bright's disease and heart disease existed together, Dr. Coakley says he succeeded in expelling both symptoms, although he does not claim to have permanently cured the patient. He believes that he has proved that the treatment is also efficacious in pneumonia, typhoid, and peritonitis.

The New York correspondent of the *Morning Post* telegraphs that Mr. Hewitt, ex-mayor of New York, having announced that his health and vigour had been marvellously improved since 1879 by injections of salt in the form of glycono-phosphate sodium, doctors all over the country have been making experiments with interesting results. A man of science in Boston has by this means revived insects which to all appearances had been dead for two days from drowning. Mr. Hewitt declares that when he began to take salt in this way he had no appetite and could walk with difficulty. He gained rapidly by the treatment, and has since continued it in moderation to preserve his vigour. He is now notably active for a man of his age, and can walk further and with less fatigue than many young men. Physicians state that salt in many cases has the power of rejuvenating and prolonging life. —*Exchange*.

CYCLISTS AND LOCKJAW.

THE tetanus complications arising out of the diphtheria serum application at Milan are believed at the Pasteur Institute at Paris to be due to the serum having been taken from horses with dirty coats. The germ of tetanus is present in horse manure, and for this reason cyclists are prone to attacks from the disease, a fall in the roadway resulting in a slight bruise or scratch opening the way for the germ to be introduced into the system.

ERRATUM.

In the February issue, page 84, line 27, for *presenting* read *preventing*.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Mr. C. J. WILKINSON.

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BOOKS RECEIVED.

The A B C Manual of Materia Medica and Therapeutics. By G. Hardy Clark, M.D. Philadelphia: Boericke & Tafel, 1901. *The International Homeopathic Medical Directory*, 1901. London: Homœopathic Publishing Co. *Fabian Tract. No. 95. Municipal Hospitals.* London: Fabian Society, 1900. London.—*The Chemist and Druggist.* *The Journal of the British Homœopathic Society*, January. *The Homœopathic World.* *The Vaccination Enquirer*, February. *The Brighton Gazette*, February 9th. *The Calcutta Journal of Medicine*, October, 1900. Hobart.—*The Tasmanian Homœopathic Journal*, Dec. and January. Chicago.—*The Clinique*, January. *The Medical Era*, February. *The Medical Advance*, January. *The Hahnemannian Advocate*. New York.—*The Medical Times*, February. *The Medical Century*, February. *The North American Journal of Homœopathy.* *The Homœopathic Eye, Ear and Throat Journal.* Philadelphia.—*The Hahnemannian Monthly.* *The Homœopathic Physician.* Lancaster, Pa.—*The Homœopathic Envoy*, Feb. *The Homœopathic Recorder*, Jan. *The Minneapolis Homœopathic Magazine*, January. San Diego.—*The Pacific Coast Journal of Homœopathy*, January. Baltimore.—*The American Medical Monthly*, December and January. St. Louis.—*The Medical Brief*, February. Paris.—*Révue Homœopathique Française.* *Le Mois Médico-Chirurgical.* *Allgemeine Hom. Zeitung*, January. Leipzig.—*Leipziger Hom. Zeitschrift*, January. The Hague.—*Homœopathische Maandblatt.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W.; or to Mr. WILKINSON, 3, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & Son, Limited, 69, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

MUNICIPAL HOSPITALS.

WE have received from the FABIAN SOCIETY the Sixth Tract of the second series of what it calls "*The Fabian Municipal Program*," dealing briefly with the plea of that society for the municipalization of hospitals. Brevity, in its character as the soul of wit, is admirable; but when it merely subtends an ignoring of all that can be said on the other side of a question, it is, paradoxically, going too far by dint of not going far enough, and all sense of proportion is violated. Our civilization has not yet reached that point of triumphant progress from which it can look back upon the law of *meum* and *tuum* as an antique prejudice which humanity has outgrown. And it is, it appears to us, by assuming this unjustifiable position that the simple brevity of the FABIAN SOCIETY'S Tract is ensured.

The tract opens by a display of statistics demonstrating that "the number of patients using our hospitals has been rapidly increasing during recent years out of all proportion to the increase of population," and we are neither able nor anxious to gainsay the figures themselves or the proof which they carry with them. Leaving for the moment other matters with which we propose to deal later, we pass on to the following statement, "Hospitals are, in fact, fast losing their charitable character, and are now used as a right by a very large number of

persons who could well afford to pay a doctor, but who prefer the hospital to the—not always competent—general practitioner. This is called ‘hospital abuse,’ and is a subject upon which the practitioner not unnaturally waxes eloquent.” Elsewhere we are told that “at the present time, it is safe to say that four out of every five of the population make use of some form or another of medical charity during their lives, and the greater part of serious illness is treated in hospital instead of in the home.”

And what follows? The vast increase of hospital accommodation, the still more vast use of that accommodation, the admission that what “is called ‘hospital abuse’” exists, and that the consequent eloquence of the general practitioner (to which may be added the eloquence of the hospital subscriber and the hospital staff, largely consisting of “consultant” practitioners) is not unnatural, have been detailed and marshalled. Charity has been abused by those for whom it was not intended. What is the deduction from these premisses? “It is high time for us to remove the last stigma of charity, and to recognize frankly that it is both just and economically advantageous for the community to provide for those of its members who have become incapacitated for the struggle for existence. We must have, in every district, urban or rural, at least one general hospital under public control, maintained out of the rates, and administered by persons directly responsible to those who find the money. We must, in fact, *municipalize all our hospitals*.” We gather that the “Program” contemplates the municipalization of “all our hospitals” in order that those who have used or abused them in the past shall continue to do so in freedom from the “last stigma” of receiving “charity.” In order that those who have begged medical aid without need and in spite of any conscience they possessed in the past may do so with a free conscience in the future, medical attendance is to be provided for out of the rates at the expense of those few who are foolish enough to continue the silly old-world habit of paying rates; medical education and medical practice is to be superintended, guided and checked by the wisdom of an elected local authority; and “the—not always competent—general practitioner” is presumably to wax not unnaturally eloquent in a special

municipal workhouse from which "the last stigma of charity" has been removed by special order of the Fabian Municipal Programmarians.

The logic of the Fabian Society is the logic of obtaining a "clean slate" at all costs and then writing a "program" upon it. The following glowing passage, the peroration to the Tract before us, will serve to illustrate our remark as lucidly as the quotations which we have made above. "It must be borne in mind that the responsibility for a vast amount of disease rests upon the community, which permits the wholesale manufacture of cases of 'industrial poisoning' in our lead, phosphorus and chemical works, and tolerates existence of those most potent disease-producing agencies—overcrowding and a practically unregulated drink traffic. In common justice, therefore, the community must bestow on its incapacitated members, freely and as a right, those means of 'cure' which have been made necessary by its failure to employ to the fullest extent the more satisfactory methods of prevention." Not being FABIANs, we should have thought that a more vigorous continuance of the present policy of prevention, of regulation of dangerous trades, of obviating overcrowding and discouraging drunkenness, was a more rational as well as a more just course to pursue.

Having quoted extensively, but without approval, from the beginning and the end of the Fabian Tract, it is only just to admit that the central portion, devoted to certain obvious defects in the administration of charitable hospitals, is worthy of serious consideration; but it must also be pointed out that in speaking of these institutions as "our hospitals" the society tractarian is guilty of a *petitio principii*; for the question at issue, as raised by the tract, is one as to whether it is right and wise that charitable hospitals should be taken over and administered by municipal authorities. The title of the present administrators to their position is the gist of the question and cannot be settled by a simple act of "commandeering." The older hospitals are the result, primarily, of individual beneficence, and their constitutions, under trustees, courts of governors and other bodies, is as legitimately under the protection of the law as is any other form of vested property. Nor is the

case materially altered for the hospitals of more recent institution by the fact that they are more usually the outcome of collective than of individual charity. For both, the law has provided the CHARITY COMMISSION, the duties of which consist in seeing that the original intentions of the founders are carried out. It is true that these COMMISSIONERS have the power to alter the nature of the charity under consideration, if its original objects have become obsolete; but *that*, if we may judge from the Tract, is not an immediate contingency in the case of hospitals. Not to labour the question unnecessarily, we may state it that the municipalization of existing hospitals founded by individual or collective charity would be an act of spoliation, subversive of the security of property and the laws both of right and of the land.

The wisdom of such a step is no less questionable than its rectitude. The extinction of hospitals *quâ* charitable institutions would throw a tremendous burden upon the rates, and would make the municipal hospital an institution available to every sick person whatever his ailment or his position. Such institutions would not be merely poor law infirmaries *minus* "the last stigma of charity"; their aid would be the inalienable right of every ratepayer, of every inhabitant. The private but "not always competent practitioner" would be the luxury of the very few: it would be not only hospitals but medicine at large municipalized. The best men of the profession would not be retained for such institutions at a low rate—unless, indeed, because their services having been given freely in the past are liable (like the hospitals, and for the same reason) to be "commandeered" by the FABIAN SOCIETY. That society may perhaps be prepared to view with equanimity the consequences we have forecast, but we think that even the least thoughtful of the multitude with all its zeal for obtaining something for nothing, will prefer the services ("not always competent" though they may be) of the medical profession as they know it to the most glittering and specious promises of irresponsible and doctrinaire socialism.

The faults found in the present administration of charitable hospitals by the Fabian Tract are true but not new. They *may* be summarized as lack of

combination and centralization, bad distribution and wasteful management. The first and second faults are almost unavoidable in institutions which are mutually independent, and they may be regarded as to some extent compensated for by the advantages that accrue from this independence. It is not obvious how the respective governing bodies can be expected to find funds for combination and a central bureau which would inform prospective patients where beds are available. This want, if real, is one which some independent fund, such as that originated by His Majesty the present King might easily supply. The bad distribution of hospitals, at least so far as the older London Hospitals is concerned, is more due to the development of the metropolis than any inherent vice in their position. Should the zeal of the new London municipalities be drawn to the provision and maintenance of hospitals, they will still be able to find some sites in which an estimated four-fifths of the population will welcome them. Wasteful management is the most important charge in the indictment. It has, in common with the question of hospital abuse, been pointed out aforetime, recognized, and, in some measure, remedied; but it is not a fault peculiar to the charitable hospitals. If our recollection is not at fault, there was an inquiry into the management of a certain hospital under the jurisdiction of the Metropolitan Asylums Board a few years ago, which seemed to prove that extravagance and wastefulness were possible even under its supervision. But in the main we believe that the vigilance of subscribers, the competition for recognition and support among hospitals themselves, and, above all, the criticism of the press, both lay and professional, have sufficed to check abuses and to bring about much improvement: these influences, rather than administration by "vestries" may be trusted for further improvements in the future.

Hitherto we have been considering the Fabian proposals from a purely social point of view, and, as far as that has taken us, we have expressed, we believe, the opinion of the average citizen as well as that of the medical profession at large. But there are considerations peculiar to that profession, and especially to that section of it who value liberty of therapeutic opinion and practice, which we should do ill to ignore. There are

hospitals in London, in Liverpool and elsewhere, founded by pious benefactors dead and living, supported by the subscriptions of those who hold that the therapeutic art is not a doubtful and devious maze of empiricism, but that it is based upon a law of nature; thousands of patients, among the poor as well as among the rich, have learned to look to those who attempt to follow this law for safe, speedy and easy relief of their sufferings. Would the Fabians propose that such hospitals, along with all others, should own the sway of the ratepayer, and that he should be consulted in the nature of the treatment offered in such establishments? It is by descending to the consideration of such details that the possibility or otherwise of seemingly simple plans can be estimated; and a moment's glance at such a consideration as the one we have raised shows how a plan which begins in general spoliation would end in unsupportable tyranny in particular instances.

The famous Fabian *gens* of the Roman Republic produced many great men. Among them all was none greater than Quintus Fabius Maximus Verrucosus, who was appointed *Dictator* in 271 B.C. The masterly inactivity of his tactics gained for him the honourable title of *Cunctator*. Our modern FABIANS have elected themselves dictators of the future of English medicine; we trust that their period of cunctation may last the full lifetime of ourselves and our children.

ENCYSTED EMPYEMA AT UPPER PART OF RIGHT PLEURAL CAVITY.

BY JOHN McLACHLAN, B.A. (OXON), M.D. (EDIN.),
F.R.C.S. (ENG.)

THIS case has many features of peculiar interest, and that fact must be my excuse for bringing it before the readers of this journal. Before I was called in, to what proved to be her last illness, I had not seen the patient for several years, so that I can give no account of her previous health—a point of some importance in the light of the revelations of the *post mortem* examination. If I may hazard the guess, I would say that her strength must have been gradually failing for the last two or three years, though this would be stoutly denied by her husband and daughter.

I saw her on Friday evening the 1st Feb.; two days before this she had had a fall. I will give her daughter's account of the accident, elicited by the City Coroner, at the inquest. The daughter said: "On the night of the 30th of January her mother slipped off two steps at the bottom of the kitchen stairs. Her father was in bed. Witness ran downstairs and found her mother on the floor on her hands and knees, and said she thought she had broken her back, or something of the kind. She pointed to her left side. She was put to bed, and was bathed under the left shoulder blade where there was a mark, and she was bound up with a towel. On the next day Dr. McLachlan attended her; he examined her and said that probably a rib was fractured, as she called out when he applied pressure. He came again on the 1st of February, and then on the 4th, and again on the 6th, and during that time he said the deceased's temperature was normal. On the 6th the doctor ordered an injection, and witness acted on his suggestion to have a nurse from the Acland Home. Two came, Nurse Hall and Nurse Copeman, from the Home, on the 7th, and witness told them her mother was to have a soap and water injection, and she also told them there was an injury to the ribs. Before the nurses came witness was with her mother, who tried, but unsuccessfully, to relieve herself. Witness was present during part of the time that the operation was being performed, and she heard Nurse Hall tell her mother to lie on her left side and to pull her knees up; at that time there was no swelling on the buttock, nor any sign of an abscess, so there was no reason why the injection should not be made. She did not see the injection actually made, but she saw the enema withdrawn. She had never seen an operation of this sort before. She heard her mother implore the nurse to withdraw the tube—witness believed it was Nurse Hall. It was not withdrawn in answer to her mother's request, but instead the operation was continued. She heard her mother say that the pain caused was worse than the pain of a confinement, and that she was sure it would be her death. Nurse Hall said nothing. The injection had the desired effect ultimately. The nurses stayed about ten minutes or a quarter of an hour, and when they had gone she examined her mother, at her request. She found the left buttock was swollen and inflamed, and was nearly twice

the size of the other. Hot fomentations were applied, and Dr. McLachlan was sent for, but he was not at home. He came about ten o'clock and examined her mother, and said he thought she had been badly used. Witness could see that she was in a state of collapse; and Dr. McLachlan said, 'Dear, dear, to think this should happen; I am sorry.' The doctor came early the next morning, and on Saturday morning Dr. Whitelocke, at her brother's suggestion, also saw her and examined her. The buttock was still a good size, and Dr. Whitelocke said he at first thought it was an abscess, and then that it arose through an injury, and that it might turn to an abscess. Her mother died on Sunday after being unconscious."

The Coroner: Did your mother ever speak to you about the operation?—She said she could not possibly get over it, and I thought she would die during the night.

Did your mother attribute her serious illness and pain to the injection?—Yes, wholly and solely. Dr. McLachlan saw her last on Saturday, about nine or ten o'clock.

In reference to the above account, I would say that the dates are rather mixed up (though this is a point of very little importance), as I was called in not on the 31st Jan. but on 1st Feb. Again, in my own mind I was very doubtful about a "fracture," thinking it just as likely that it was a *bruise* of the chest wall, though it was impossible to be quite sure, as the patient complained of pain wherever one touched the injured side, and I did not think it advisable to adopt means likely to elicit *crepitus*, as she already seemed to be suffering so great pain. At any rate, there was no *crepitus* easily felt, no local emphysema, though there was a well-marked bruise: the patient did not say anything about hearing a snap, or feeling a grating sensation on taking a full breath. There certainly seemed to be a sharp stabbing pain caused by any attempt to take a deep breath or to cough. She certainly also called out when I "applied pressure" as the witness said, but this meant pressure *applied at a distance* from the injured part, or the "*indirect method*," as it is called, *i.e.*, one follows the rib, supposed to be broken, to a distance from the presumed seat of fracture,

and if on pressure at this distant part there is pain in the spot where the stabbing pain occurs on taking a deep breath, one may fairly assume the existence of a fracture. Pain from pressure *on the spot* is of no value at all. But as I said before, the patient complained of pain wherever she was touched, so that I did not place much reliance on this test, in this particular case, as a diagnostic mark between fracture *versus* bruise. As a matter of fact the *post mortem* proved that there was no fracture. This "indirect method" of pressure *at a distance* is of great value in certain fractures, especially fracture of the ribs and fibula.

I took the temperature on my visits because she seemed to me to be "ill in herself," more so than one would expect in a case of simple fracture of a rib. I put on a fairly tight bandage and kept her in bed, for whether it was a fracture or a bruise the treatment was the same, so that I caused her as little pain as possible, hoping that in a few days I would be able to make further investigations into the nature of her injury, when the nervous irritability had calmed down somewhat. The bandage gave her great relief she said, as without it she seemed to be falling to pieces. When the bandage was off she pressed her hand over the seventh, eighth, and ninth ribs in the anterior axillary line, where, she said, the fracture was.

As her bowels had not been moved for some days, and as she was troubling herself about this (unnecessarily as I thought) I said she could have an enema of soap and water. A nurse was called in next day to give her the enema, and in doing so she (as was apparently her usual habit) stuck an ordinary vagina tube on to the end of the ordinary tube of the enema syringe just as if she was going to douche the vagina. In this little point lies the *crux* of the whole case. It was certainly new to me this method of giving an enema, still no injury was done to the bowel, so far as one could detect in the *post mortem* examination, nor could the nurse in any way be blamed for being the cause of the patient's death.

When I saw the patient the same night she was in a state of collapse—deathly cold all over, shivering, feeble tremulous voice; small, tense, rapid pulse suggestive of commencing peritoneal inflammation: the temperature was rather below normal. I examined the left buttock

at the patient's request, and for the first time saw the swelling there. It had the appearance of an abscess in the process of formation. Her daughter was positive the swelling was not there till after the enema had been given. What I then feared was that the bowel wall had been diseased, and that the rigid tube might have passed through it into the "pouch of Douglas," and thus entered the peritoneal cavity. This seemed the most probable explanation of the severe pain complained of during the administration of the enema, and the patient's present state of collapse. At the same time it seemed a very improbable accident. But how account for the swelling in the left ischio-rectal fossa? There was no cancer in the neighbourhood of the anus, and one could hardly imagine that the tube had been pushed through into the fossa in question. Be that as it may, I was not in the least surprised to find next morning the usual physical signs of peritonitis. The abdomen was swollen and tympanitic, extremely tender to touch, the decubitus was distinctly that of peritonitis, and the temperature was 102°. I expected it would have been higher than that, considering the other symptoms of the case. During the next few days (and indeed until her death) the temperature varied between 101° and 102°, and this fact made me suspect that there was a collection of septic pus somewhere, and from the other symptoms, probably in some part of the abdomen, or it might be general septic peritonitis. During the first two days of this, the last stage of her illness I tried various apparently indicated remedies—for I did not found my treatment merely on the hypothesis that peritonitis *was* present, but took all the general and special symptoms of the case to aid in the choice of the remedy. It is never safe or wise, as this case especially shows, to found one's treatment or choice of remedies on the mere *name* of the pathological condition assumed to be present, however advantageous an exact diagnosis may be in the event of a Coroner's inquest.

Now in the choice of remedies for such cases, one may not be able to make a bull's eye at the first shot, but my experience is, that when medicine after medicine is tried during the course of two or three days, without the least sign of cure or even amelioration, the case is hopeless and incurable, and is simply going down to death, and

that no power on earth can prevent it. One may bungle once, but one cannot go on bungling and choosing the wrong remedy time after time. During the last ten years I have watched many such cases, and seen consultant after consultant called in, allopathic and homœopathic, with the same result—death. Indeed, it seems to me that “other advice” is chiefly of advantage to the patient’s *friends* rather than to the patient, and in fact I have known cases where the “other advice” was distinctly *disadvantageous* to the patient.

Another class of case, with prognosis equally grave, is where each and every medicine given seems to produce an amelioration in the patient’s condition; this, however, is only *seeming* and abortive, being rapidly followed by a relapse into the former state. Such cases are incurable.

In the present case, therefore, by the beginning of the third day I knew it was hopeless (apart from the performance of a direct miracle), and as her agony seemed to be so acute, I did what I have never done since I left the allopathic ranks, gave her a one-quarter grain morphia pill, and again a day later she got another. But though this produced sleep of a certain kind, yet it deranged the patient’s mental faculties to such an extent that she got no more of this palliative. A better plan would have been to have adopted the method advocated by Hilton, viz.: to apply anodyne fomentations locally upon the exterior of the abdominal wall, so as to affect the terminations of the cutaneous nerves there situated, since the skin and muscles over cavities and the contents of the same cavities are all supplied by associated nerves.

Another fatal sign, so far as my experience goes, was present in this case, viz.: the rapidity of the pulse was, in proportion, much greater than the rise of temperature; and, when the temperature fell, the pulse rate did not decrease in speed, but rather increased. This is a symptom which, I believe, always means *death*. In the case now under consideration it was present at least a week before death. I have seen many such cases. I remember many years ago accompanying a surgeon round the wards of a well-known hospital, and at one bed the record on the chart indicated a considerable fall in the patient’s temperature. This he pointed out to the students as a very hopeful sign. I happened to look at the pulse column, and saw that instead of falling with

the temperature it had actually risen, and this fact made me look upon the case as a hopeless one. Next morning the bed was empty.

Some three or four days before her death my patient complained of pain in the *right* loin, and over the region of the liver, and this was the first and only hint we had that there *might* be something wrong in the *uninjured* side of the chest; but she was too weak and ill, too near death, to make it justifiable for me to torment her further, inquest or no inquest. After this she gradually sank, being unconscious for about thirty-six hours, and died, as she was born, on the 17th of Feb.

The friends insisted on a coroner's inquest. I myself would have been content with a *post mortem* examination, for I was by no means satisfied as to the *cause* of death, the case seeming to me, if it was a case of peritonitis, to be anomalous in several important points. But since they insisted that a further inquiry was necessary, and as a nurse's reputation was at stake, I suggested to the Coroner (or to be strictly accurate, to the Deputy-coroner) that he should get another doctor to perform the *post mortem* examination, I, of course, being present, to avoid the faintest shadow of a suspicion of unfairness or bias. This he did, but in his speech to the jury, the Coroner did *not* mention these facts, and thus, by implication cast a somewhat serious reflection on me, amounting almost to a vote of censure. The Coroner, of course, has power to ask another medical man (*i.e.*, other than the one who has attended the case) to make the *post mortem*: "*provided that if any person states on oath that in his belief the death was caused partly or entirely by improper or negligent treatment of a medical man, such medical man shall not be allowed to perform or assist at the post mortem, but he will be allowed to be present.*" Except under the above circumstances, the medical man who attended the case is *always* understood to perform the *post mortem*—I mean, of course, in private practice: if he does not do so, and if the coroner requests someone else to do it, the inference is obvious. At the same time I believe it was an oversight on the coroner's part, though a very regrettable one.

The chief points of interest in the *post mortem* examination were:—

- 1.—There was no fractured rib.

2.—Not the faintest trace of peritonitis, but

3.—A *localised* empyema, apparently of some standing, in the upper part of the *right* pleural cavity, not on the *injured* side therefore, which was the *left*. The patient had not complained of this side at all, till about three days before death, when she said she had great pain in the *right loin*, a fairly common symptom in the usual form of empyema, *i.e.*, not the circumscribed form, especially that found at the apex of the pleural cavity. There was no clubbing of the finger nails.

4.—The swelling on the left buttock did not contain liquid pus, though the daughter said that a day or two before death it opened by several small openings, and discharged some matter, and that she could see some yellow matter in the inside of the lump. One thing I regret, and that is that I did not test her urine for sugar; but by the time the mass “opened” in this truly carbuncle-like manner, it was impossible to get a sample of her urine, and at the *post mortem* the bladder was empty.

Here, therefore, we have a case of *localised* empyema, without a single symptom to indicate its presence, with the doubtful exception of the pain in the loin, and the peculiar temperature curve, which made it very probable that there was a collection of septic pus *somewhere*. We know from Hilton’s classical lectures on “*Rest and Pain*” that abdominal pains are very frequent in cases of inflammation of the *lower half* of the pleura; but one cannot see why there should be abdominal symptoms when the inflammation is limited to the *upper half* of the pleura. Such *localised* collections are frequently unsuspected until the *post mortem* reveals their presence, even too in cases where the patient has been percussed and auscultated, for the purpose of teaching medical students “how to do it,” for weeks before death. I believe that *localised* collections of pus are more common between the base of the lung and the diaphragm, than at the apex of the pleural cavity. In the case now before us, the collection had probably formed slowly, so that the interference with breathing was not noticeable; the death, I believe, being due to septic poisoning, rather than to any obstruction to breathing from pressure of the pus on the apex of the right lung. This idea is supported by the intense debility of the patient, her

brown dry tongue, the presence of profuse sweats some days before death, and the *remittent* temperature.

So far as the diagnosis was concerned, though we said the physical signs resembled those of peritonitis, this in no way affected our choice of remedies. Stripped of the pathological name, all we could be moderately sure about was, that there was inflammation of a serous membrane, probably septic in character, and that most likely there was a collection of putrid pus somewhere, and that this was gradually poisoning the patient. The mistake we made was in supposing that this collection was in the abdomen, instead of the chest, as there were no physical signs directing one's attention to the right side of the chest. I tried our usual remedies: *bryon.*, *bell.*, *merc. cor.*, *lach.* (chiefly because of the septic condition of the system, and the purple colour of the swelling in the buttock), *pyrogen* (for the same reasons as *lach.*, since the latter failed to produce improvement), but all were equally useless.

Had the empyema been suspected, and the chest wall opened, would this have saved the patient? I do not think so, even if the patient would have submitted to an operation. *Aspiration* of such collections are not, as a rule, satisfactory, except in the case of children. The fact that it was encysted would have been a point in her favour, but the age of the patient, the septicity of the collection, and the signs of general septic infection were dead against her.

Did the empyema, then, arise at some unknown date from "Latent" or "Quiet pleurisy?" According to Walshe, pleurisy may exist without any of the general symptoms. There may be neither local pain, cough, dyspnoea, nor febrile action, and yet effusion may have occurred to such an extent as to have reached the clavicle, while the patient remains utterly unaware that his chest is the seat of disease.

Again, Dr. Frederick T. Roberts, writing about an "*encysted empyema*" and its probable origin in a precedent acute pleurisy, states: "In such cases fever may be entirely absent, and, unless clubbed fingers tell the tale, there may be little to suggest the nature of the disease. Obsolescence may result; still such a collection of pus is very likely to work mischief sooner or later—years later, it may be: the patient rarely escapes with impunity at

last. The fact is that many chronic cases can only be diagnosed by the needle."

Whether the "abscess" in the buttock was secondary to the encysted empyema, I am unable to say with certainty, though such abscesses are frequent enough in cases of tubercular phthisis, yet in this case the lungs were sound enough. How long the empyema had been in existence, and what the conditions were that lighted it up, at this particular date, into such a dangerous and fatal source of septic infection, are questions I must leave unanswered.

THE INFLUENCE OF BACTERIOLOGY ON OBSTETRICS AND GYNÆCOLOGY IN THE LIGHT OF RECENT INVESTIGATIONS.¹

By JAMES JOHNSTONE, M.B., F.R.C.S., Etc.

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(After a short retrospect of the history of the subject during the past century, the paper continues as follows):—

To the advances made, however, within the last few years in the bacteriology of obstetrics and gynæcology, I would like to draw your attention, for I foresee as a result of the same there will be yet further changes and, we trust, further progress in the treatment of labour and of diseases peculiar to women.

ANATOMY OF THE GENITAL TRACT.

Let us first briefly consider the anatomy of the genital tract and some of its peculiarities as bearing on function and disease. The vagina is not, as usually depicted in our text-books, a voluminous space filled with air, but is closed, its walls being in close apposition and the exclusion of air being complete owing to the layer of secretion which covers its surface. There are no glands in the so-called mucous membranes. It is simply a true skin such as that on the exterior of our bodies but with this difference, that its upper layer of stratified epithelium is thinner, softer and kept constantly moist by the secretion. At the entrance to the vagina, near the posterior commissure, are the orifices of the glands of Bartholini. These we might compare to a pair of sacs with very small openings into which it is easy for infection to penetrate, but out of which it is difficult to eradicate the

¹ Abstract of paper read before the West of England Therapeutical Society, February, 1901. (Illustrated by lantern slides.)

same. At the entrance of the urethra there is a similar pair of glands, though smaller in size, namely, Skene's glands which open one on each side of the urethra by a very small orifice. These also play an important part in the locking up and hiding away of infection after all else has been apparently rendered sterile.

In the vault of the vagina is situated an opening, the os exterium uteri, where the surface of stratified epithelium passes abruptly into the mucous membrane of the cervix uteri. It has just been stated that there are no glands, mucous or otherwise in the vagina, but in the cervical mucous membrane they abound and also throughout the lining of the uterus. Glands secreting mucus are particularly abundant throughout the whole length of the cervical canal, and the latter, under normal conditions, is constantly filled by a plug of tenacious mucus. To these conditions reference will be made more particularly later on. The special points in connection with the anatomy of the genital canal are therefore—

- (1,) The presence of the glands of Bartholini and Skene.
- (2,) The vaginal lining is not mucous membrane and contains no mucous glands.
- (3,) Mucous glands are abundant in the cervix uteri.

THE NATURE OF THE VAGINAL SECRETION.

This subject has been more particularly studied by Döderlein² in his admirable monograph. He has, after examination of a large series of cases, classified the secretion under two heads: (1,) *Normal*; (2,) *Abnormal*. The *normal* secretion, macroscopically, is of a crumbly white material of the consistence of curdled milk, without the admixture of mucus. This covers the surface and cracks of the mucous membrane with a white-grey layer. Its reaction is intensely acid. Microscopically it contains epithelial scales, a few mucus cells, polynuclear leucocytes, and the vaginal bacillus especially described by Döderlein. Occasionally, by cultivation, are found along with the bacilli certain forms of yeast and other saprophytic micro-organisms. The pathological or *abnormal* secretion, according to Döderlein is not of the above characters. It is thin, watery, whitey-yellow to green yellow, even so abundant as to run out of the vagina (*fluor albus*). It covers the walls of the vagina with a

² Döderlein. *Das Schiedensecret und seine Bedeutung für das Puerperafieber*. Leipzig Eduard Besved.

greasy, thick, yellow layer. It is often full of gas bubbles. It is never so strongly acid as the former, but, on the contrary, is found neutral or alkaline. Microscopically, it contains squamous epithelium, is rich in pus corpuscles and a quantity of micro-organisms of various kinds. By cultivation and injection may be recognised certain pathogenic micro-organisms.

THE ORIGIN OF THE SECRETION.

As there are no glands to be found in the mucous membranes of the vagina it is difficult to account for the presence of the secretion. Various theories have been put forward. Some have suggested that it is due to the secretion of the glands of Bartholini, but as these are situated at the outlet it is impossible that their secretion could reach to the vault. The glands of the cervix uteri have also been suggested as the source of the secretion, but as the nature of the material from this source is particularly rich in mucus they cannot account for the normal secretion. Evidently it is produced as an exudation from the stratified epithelial surface and is not a true secretion, *i.e.*, does not emanate from glands.

The acidity of the secretion has been found by Döderlein to be due to *lactic acid*, and has in many cases been estimated in terms of a mineral acid. This lactic acid has been suggested by Döderlein as the cause of the relative absence of bacteria in normal secretion, since ordinary bacteria require for their growth an alkaline medium. The vaginal bacillus (Döderlein) thrives, however, in the acid medium. Another characteristic of the vaginal secretion is what is known as its positive chemiotaxis. If a portion of the secretion is brought into the neighbourhood of leucocytes, it is found that they move towards and accumulate near it. Hence the vaginal secretion in the neighbourhood of the cervix uteri attracts large numbers of leucocytes, which become mixed with it. These leucocytes being active, probably assist in keeping down the growth of bacilli. They act, according to the Metchnikoff theory, as phagocytes.

THE BACTERIOLOGY OF THE VAGINAL SECRETION.

It has been found by Döderlein that in normal secretion there are practically no bacteria except the especial vaginal bacillus. Other observers, however, do not find results quite similar to his. It is certain, however, that

the most common bacillus present is Döderlein's *Vaginal bacillus*. It occurs in two varieties: (a,) *mobilis*; (b,) *immobilis*; the former being provided with cilia, the latter being without. Other micro-organisms which are found in the secretion are: streptococcus, staphylococcus (several varieties), gonococcus, bacterium coli communis, a diphtheria-like bacillus, yeasts, tetanus-like bacillus, etc. (The illustrations of these various micro-organisms were thrown on the screen.) It is found that at various stages of life the bacterial contents of the secretion vary exceedingly. In the new-born no bacteria are found in the secretion. In a virgin of sixteen years many bacilli may be found. In the normal secretion of a pregnant woman there may be a pure cultivation of the *vaginal bacillus*. In a pathological secretion of a pregnant woman may be found pus corpuscles, with bacteria and cocci of various kinds. (Illustrations of these various conditions were exhibited on the screen.)

According to Döderlein *normal* secretion, containing only the *vaginal bacillus*, cannot be a possible source of infection in puerperal fever. On the other hand, in *abnormal* secretion the presence of pathogenetic streptococci or bacilli secretion can be a cause of puerperal fever. Acting on this, Döderlein advises in lying-in hospitals a separation of cases with normal secretion from those with pathological secretion. This may be done by an inspection with the speculum, the testing of the reaction on blue litmus paper, and by a microscopical examination of the secretion.

CERVICAL SECRETION AND ITS NATURE.

The nature of the cervical secretion has been specially studied by Walthard³, and the following are the results of his researches. He found in making microscopical and bacteriological examination of this secretion, that the cervix uteri might be divided into three zones with different characters of secretion in each.

ZONE I extends from the os externum as far up the cervical canal as cervical laceration usually reaches, i.e., a few millimetres. The secretion of this zone is found microscopically to contain squamous epithelium, leucocytes (polynuclear), the micro-organisms (derived from

³ Walthard, *Bacteriologische untershungen des weiblichen Genital-secrets in Graviditate und im Puerperium*. Archiv. f. gynec. Bd. xliij, 2, 201.

the vagina), and mucus. Its colour is white to yellow and is evidently a mixture of true vaginal and cervical secretion.

ZONE II is very much narrower in its extent. It contains a great many leucocytes. Hence, it has been called the *wall of leucocytes*. In addition, there is clear mucus, a few scattered cylinder epithelial cells, but no micro-organisms.

ZONE III is the largest, reaching throughout the rest of the cervical canal, and is found to contain no bacteria, no leucocytes, much clear homogeneous mucus and a few cylinder cells. Walthard therefore concludes that the bacteria of the vagina are unable to penetrate the cervical canal, and so reach the interior of the uterus, on account of the presence and composition of the cervical secretion. He looked upon zone II as the bar to the progress of bacteria. The method in which this bar acts is probably: (1,) because mucus is a medium in which germs cannot grow and increase; (2,) the movement of the mucus is constantly towards the vagina; and (3,) the positive chemiotaxis of the adjacent secretion calls forth in zone II and zone I an abundance of leucocytes which, acting as phagocytes, destroy bacteria and prevent bacteriological infection of zone III and the uterine endometrium. Physiological asepsis lies therefore in zone II. It should be the aim of the gynecologist and obstetrician to preserve this barrier intact. Any alteration of its normal conditions will tend to depreciate its value as a barrier.

THE CHANGES IN THE VAGINAL DISCHARGE DURING LABOUR AND PUERPERIUM.

(1,) The "waters" or *amniotic fluid* is alkaline, and therefore presumably a good medium for the growth of bacteria. But it is deficient in albumen and contains, therefore, very little nourishment for bacteria. Experiment elicits the fact that it is unfavourable for the growth of bacteria. Also, it is found that through the flow of the "waters," after rupture of the membranes, the bacterial contents of the vagina are lessened, but not entirely got rid of; that is to say, the vagina, after the rupture of the membranes, still contains bacteria.

(2,) *The lochia*. After birth, as a rule, the lochial discharge is sterile in those cases where no intra-uterine

examination has taken place. Where digital examination has occurred, the probability is that the lochia contain bacteria. Streptococci and other pathological germs may, however, gain entrance to the interior of the uterus by other means than digital examination. The introduction of air, according to some observers, occurs spontaneously. The use of instruments and the occurrence of other intra-uterine interference will permit ingress of germs.

We may conclude therefore (1,) That during pregnancy bacteria are present in the vagina and first zone of the cervical canal. They are absent above the 2nd zone and from the uterine cavity; (2,) That during normal labour and afterwards the uterus is not infected unless under unusual conditions described under the heading of *auto-infection*. Moreover, the bacteria in those portions of the genital tract where they naturally exist are lessened by the action of the amniotic flow. Conversely it may be assumed that any condition whereby the flow of the amniotic fluid is interfered with, as happens in early rupture of the membranes ("dry labour"), the number of the germs would increase; (3,) That during the lying-in period or puerperium the uterine cavity again becomes closed by the mucus plug against the spontaneous entrance of germs. The conditions are therefore the same as during pregnancy. It may be noted that the lochia do not dissolve the mucus. Also it has been noticed that the number of germs in that part of the genital tract usually containing them is small at the beginning of the puerperium but increases towards the end.

PATHOGENESIS DURING THE PUERPERIUM.

The pathogenic organisms found in the genital canal during pregnancy, labour, and the puerperium, are streptococci, staphylococci, gonococcus and the bacterial coli communis. Of these the most troublesome is the streptococcus pyogenes. It is found in the majority of puerperal cases, and particularly in those cases where no digital examination or other possible means of uterine infection has obtained. The streptococci normally present in vaginal secretion are found to be harmless and to have no effect on sound tissue. They grow indifferently in amniotic fluid, causing no smell. They also grow in lochial discharge, without smell and with a slight increase of virulence. They will not grow in the

tissues of healthy animals but do so when the tissues have been injured or interfered with. A great many experiments have been made in connection with this phenomenon. It opens up the possibility of harmless streptococci, existing in the vagina, becoming under certain suitable circumstances virulent and possible of producing varied degrees of pathological conditions such as slight rise of temperature on the one hand and acute forms of puerperal infection on the other. This has been called *auto-infection*. It accounts for those cases where all ordinary sources of infection have been excluded and there are found the effects of infection in some degree. The method of studying this matter is by cultivating a harmless streptococcus from the vagina in the various discharges and injecting it into the tissues of animals. Where it is wished to produce an alteration in the tissues of the animal, the latter is subjected to some injury, preferably by obstructing the venous return and thereby producing stasis in the circulation. A harmless streptococcus injected into the tissue, thus artificially congested, acquires a certain amount of virulence. This can be increased by growing the germ upon a lochial discharge or other suitable media and again introducing it into diseased tissues. By thus lowering the resistance of the tissues and increasing the virulence of the streptococcus, a strain of streptococci can be obtained capable of producing considerable infection. Applying this to obstetrics and gynecology it may easily be understood that bruising and laceration of the parts during labour or any want of return to the normal condition and position of the uterus and adjacent parts may predispose to induced virulency in harmless streptococci, thereby inducing *auto-infection*.

Streptococci act in one of two ways :—

(I.) As saprophytes, when they simply grow and produce a certain amount of poison as a by-product. The absorption of this poison gives rise to toxæmia or sapræmia. The factors which lead to the symptoms associated with toxæmia may be: (a,) a difficulty in the escape of the lochia produced by (1,) acute ante- or retroversion of the uterus; (2,) retention of membrane or placental tissue; (3,) delay during birth by too early rupture of the membranes and the resultant dry labour. (b,) infection of the uterus, occurring in connection with

these foregoing conditions, either (1,) by direct contact with the finger, instrument or hand, and (2,) by spontaneous invasion.

(II.) As parasites (with virulence) as a result of the lowering of the vitality of the tissues, as by injuries during birth, pressure and laceration of vagina and uterus. Under such conditions puerperal fever in its mild or severe form obtains.

PROPHYLAXIS.

Having noted these various facts in regard (1,) to the natural freedom from bacteria of the upper portion of the genital tract; (2,) to the existence of certain factors which tend to preserve this sterility, and (3,) to various conditions which tend to detract from it, we are now in a position to discuss their bearing upon everyday practice in obstetrics and gynecology. To begin with, it may be taken for granted that the usual disinfection of hands, of instruments and of the patient herself is indispensable, and the more rigorously and thoroughly this is carried out, the better for all concerned. When, however, we come to the question of disinfection of the vagina as a routine practice, we find that there is a divergence of opinion. It has been found that routine disinfection of the vagina by means of strong disinfectants has, by altering the normal condition of the mucous membrane, sometimes done more harm than good. It has, in fact, tended to lower the vitality of the tissues and has therefore laid the way open for the activity of pathogenic germs and the acquirement of virulence by harmless germs. In view of the harm that may thus be done and relying entirely upon the natural protections against infection, one may omit disinfection of the vagina in all normal cases of labour. Where, however, there is any possibility of mechanical infection or of the conditions predisposing to *auto-infection*, then adequate vaginal and uterine disinfection may be carried out. Conditions calling for adequate disinfection are (1,) All cases of examinations and operative interference affecting the protective zone in the cervix; (2,) All cases of exceptional birth where there is any delay (early rupture of the membranes), instrumental labour, etc.; (3,) Where, complicating labour, there is any disease of the patient such as nephritis, heart incompetence,

syphilis, diabetes, intercurrent infectious disease and anæmia.

These suggestions will hold good in the practice of gynæcology as well as obstetrics. The main lesson that we must all learn is that there are normally present in the vaginal secretion certain germs which are capable of becoming virulent, that we must avoid as far as possible all conditions likely to increase or engender that virulence, and, where such conditions are present, immediate steps must be taken by means of adequate disinfection to render that virulence futile. Also we should desist in every case from all unnecessary manual examination or instrumental interference, thus leaving intact as far as possible the natural barriers which nature has provided against the introduction of infection to those parts which are peculiarly susceptible to it.

A NOTE ON SUPRA-RENAL EXTRACT AS A HÆMOSTATIC.

BY ALEX. H. CROUCHER, M.D. & C.M. Ed., F.R.C.S. Ed.
Surgeon to the Leaf Homœopathic Hospital, Eastbourne.

HENRY P., æt. 25, a flyman, was admitted into the Leaf Homœopathic Cottage Hospital, on March 1st, 1901. Patient was suffering from a tumour growing from the upper jaw; it arose from that part of the upper jaw where the central and lateral incisor teeth were implanted. The growth was about the size of the terminal phalanx of the little finger.

On March 3rd, patient was put under ether and the teeth involved were extracted, the growth was removed with cutting forceps in the ordinary way, bleeding was moderate.

The time of operation was 12.30 p.m.

At 4 p.m. I received a message to the effect that hæmorrhage was going on rather profusely, in spite of pressure with sponges, etc. ; I went to the hospital and secured one small artery with a ligature, and a small artery, apparently in the bone, for the time was stopped from bleeding by a small wooden peg, there was also general oozing from the raw surface of the wound. Before putting in the wooden peg, bees-wax was tried, but had no effect. Hazeline and Tannic acid were also applied, and seemed to check the oozing.

At 9 p.m. another message arrived, saying that for the previous three hours bleeding again had been quite profuse.

By telephone I suggested that the matron should apply "supra-renal liquid with chloretone" prepared by Parke, Davis & Co. (a small bottle of which I had left at the hospital some time previously), and that I would go to the hospital in half-an-hour's time.

On arriving at the hospital at 9.30 p.m., I found the hæmorrhage quite stopped, and it did not return; the supra-renal extract had acted at once.

As a hæmostatic, the non-escharotic action of supra-renal liquid compares very advantageously with perchloride of iron and other strong astringents, and it is a great and valuable addition to our therapeutic means of checking hæmorrhage. H. P., in the summer of 1900, was an in-patient for acute suppurative synovitis requiring numerous incisions for relief of accumulations of stinking pus. He suffered from sapræmia, and had a temperature of 105·6° F. on several occasions, but eventually recovered with quite a freely moveable knee-joint. There is no definite history of hæmophilia beyond the fact that the incisions at this time caused free hæmorrhage which was rather persistent, and the patient now tells me that if he cuts himself the wounds always bleed for a considerable time, and that his father, now dead, suffered in the same way. The tumour was examined by the Clinical Research Association; their report was that there was nothing of a malignant nature in the growth removed.

EASTBOURNE.

REVIEWS.

The Medical Annual: A Year Book of Treatment and Practitioner's Index, 1901. Nineteenth year. Bristol: John Wright & Co.; London: Simpkin, Marshall & Co.

It is probable that most of our readers have already formed their own opinion of the merits of this, the nineteenth, issue of *The Medical Annual* by personal perusal. For this reason it is not necessary that we should enter at length into its merits.

Moreover, as we have before remarked, to give adequate knowledge of the scope and usefulness of the *Annual* it would be necessary to dwell in detail upon each article. One of the articles we first turned to was that on Cancer—a subject of absorbing interest. The writer of the article does not adopt the view that more careful diagnosis and registration will account for the alleged increase of the disease. He thinks that earlier errors in diagnosis existed on both sides, so that while many cases, especially of visceral cancer, which were previously overlooked are now correctly registered, it is not less true that many cases which were formerly included under the title cancer, are now known to syphilis, tuberculosis or actinomycosis, etc. He unconsciously argues on the same lines when he states that cancer of the internal genital organs has not increased of late years. For here more than in most regions diagnosis has lately been perfected. In this connection a remark of Czerny is quoted which is of far-reaching importance, being true not only with respect to carcinoma but to tuberculosis. "According to clinical knowledge, we must assume for the production of new growths, says Czerny, a disposition and an active cause. The disposition may possibly be an inherited general tendency or local and acquired." It is this "inherited general tendency" which is so frequently overlooked in the present day. The result of this is an attempt to cure by local treatment only when a scientific survey of the case would recognize both a general and a local element, each of which requires to be met.

The New Remedies section of this book is always of interest to us. In its pages we usually find some examples of "the dual action" (so called) of drugs. We view these with mixed feelings. That any remedy which will bring relief to suffering should become more widely known and more generally used is gratifying and we can afford to wait for the acknowledgment of the source of the information and the rule of selection until later. On the other hand, when a drug is empirically recommended for a disease with a particular name and employed in all cases of that disease, discredit is wrongly brought upon the drug and upon the system under whose auspices it was introduced, because the elementary rules for its administration are withheld or ignored. In this way harm is done. A short time ago a distinguished consulting surgeon told the writer that perchloride of mercury had proved a failure in the dysentery in South Africa and was therefore useless as an argument in favour of homœopathy. This gentleman has only seen it used empirically and in "orthodox" doses—doses probably large enough to induce the physiological action of the drug and so to tend to aggravate the conditions. In this

volume the following may be mentioned as illustrations of homœopathy in disguise: gold-salts in anæmia of syphilis, hydra-tinine in uterine hæmorrhages, senecio in amenorrhœa, and castor oil and mag. sulph. in dysentery (p. 207). A considerable space is taken up with toxins and antitoxins and with various illustrations of treatment by organic substances (thyroid extract, etc.). Altogether this section is not so full as usual. Following this is a short but interesting chapter on "The Light Treatment." This refers rather to the Finsen methods (not to the element of colour) in the treatment of diseases, chiefly lupus. The sections on bladder (male), brain surgery, and uterine diseases will also be useful to those interested in these departments. Freudenberg's recent improvement of the treatment of prostatic enlargement by electro-caustic incision has a page devoted to it. In 164 cases, 80 were cured, 48 much improved, 26 little or not at all, 8 died directly or indirectly from the operation, and 6 independently.

It is indeed useless to multiply examples. Every reader will find something to interest and instruct him.

The International Homœopathic Medical Directory, 1901. London: Homœopathic Publishing Company.

THIS Directory has hitherto been styled the British, Colonial, and Continental Homœopathic Medical Directory, but with the beginning of the new century, its title has been altered as above. The *raison d'être* of this is that a proposal has been made to the editors, from the United States, to include a list of homœopathic doctors in the States who may wish to have their names inserted. They think it would be a convenience to our British *confrères* who may have patients going to America, to know the addresses of those American doctors to whom they advise their patients to apply in case of need. This, we think, is an excellent idea, and will make the new Directory more valuable. Mexico is now included, and the editors hope by next year to have also lists from Brazil and other South American countries. We notice some new names in the British list, and we also observe with satisfaction that the lists of homœopathic practitioners on the continent, as well as those in the British Colonies and India, are under the supervision of the leading doctors in the various countries. This ensures as great accuracy as possible, an accuracy which could not otherwise be obtained. The new Directory will thus have a much wider sphere of usefulness than hitherto has been possible, and for those who send patients abroad, or whose patients travel much, it will be almost essential that they should possess a copy.

The Temperance Critic. Vol. i, No. 1. March 15, 1901.
Price 2d.

A SUPERFICIAL view might perhaps justify one in supposing that all that was worth saying on the temperance question had been said at least once. The fact that the evils of intemperance are still with us, in spite of an army of workers and a large number of organisations, is sufficient excuse for the launching of the *Temperance Critic*, the first number of which lies before us. The motto of the new paper might be one dear to the medical world: "*Tolle causam*"; aiming, as it does, at a study of the causes of intemperance rather than at the statement of its prevalence and effects. It has been the misfortune of the temperance cause to be used as a tool by political parties: the new organ would establish it on a basis of its own. We therefore herald its appearance, and trust that it may win the support of that numerous body who, shrinking from the intemperance of the professional teetotaler, would gladly study the subject of this immense evil from a judicious and statesmanlike point of view. The office of the paper is at 63, Southampton Row, W.C.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE Sixth Meeting of the Session 1900-1901 was held at the London Homœopathic Hospital, Great Ormond Street, W.C., on Thursday, March the 7th, 1901, Mr. Dudley Wright, President, in the chair.

THE MECHANO-THERAPEUTICS OF JOINT DISEASE.

A paper was read on the above subject by Dr. Percy Wilde, of Bath. Dr. Wilde pointed out that one of the first questions to be decided in any case of joint disease, is whether rest or motion is to be preferred. The latter is probably indicated in all cases of deformity of joints produced by debility. It is necessary to exercise the whole of the functions concerned in a muscular contraction in order to increase muscular power. In most cases of prolonged joint-disease, we have not only to treat the deformity itself, but also the abnormalities in muscular action which it has produced. The following rule has been found a safe guide:—"In all cases of deformity of a joint produced by debility, relieve pressure, and freely exercise the muscles of the joint."

In *flat-foot* pressure may be relieved by keeping the patient in the recumbent position for three weeks, while flexion and extension movements are given to the ankle-joint. It may sometimes be necessary to use some support for relieving the weight on the arch of the foot, instead of ordering complete rest. In such cases the support should be taken from above the ankle-joint and the weight transferred to the heel of the boot.

Lateral Curvature. The muscles should be exercised while the patient is in the recumbent position, and the patient, if possible, made to breathe freely and deeply. Exercises, too, must always play an important part in the treatment of *rheumatism* and *gout*. After an attack of acute rheumatism, every joint should be put through its full movements at the earliest possible moment, in order to break down small adhesions before they become organised. In *acute gout* movement should be commenced *before* the inflammatory symptoms have quite ceased. In cases of *rheumatoid arthritis*, systematic movements of the joints afford the only method of preventing ankylosis.

In *sprained joints* Dr. Wilde applies moist heat for two or three hours, then the swelling is gently manipulated until the greater part of it is removed. The joint is covered with a layer of cotton wool and firmly bandaged, flexion and extension movements with resistance are given, and it often happens that a patient with a badly sprained ankle will be able to walk at the finish. Rest is of course necessary in all inflammatory affections of joints. Where the surface of the skin over a joint shows a greater warmth than the surrounding tissues, it is advisable to rest the joint. In *tubercular* disease of the joints, the absence of heat is not an indication for motion.

All the mechanical problems concerned in the application of rest, are represented in the treatment of hip disease; and in discussing various splints to procure immobilisation, it was pointed out that the joint should occupy the centre of the splint which retains it. It will be readily understood that if the joint is considered as the fulcrum, levers of equal length will give the least tendency to movement. Also, the splint must derive its support from two fixed points of the skeleton. The waist, while it bears pressure well, offers no fixed point of the skeleton for an attachment except at the back, the abdominal walls being mobile.

Thomas's splint, when properly applied, is capable of immobilising the joint, the difficulty is to *keep* it properly applied. There is a tendency that the vertical support will slip round to the diseased side and become a side splint.

Dr. Wilde proceeded to explain his own modification of Thomas's splint, an appliance which had been found to meet and overcome such difficulties. For *lateral* curvature the mechanism is the same except that a much lighter splint is used.

For fixation of the knee-joint, when it is important that the patient should become ambulatory as soon as possible, there is no better splint than Thomas's Caliper. When, as frequently happens in knee-joint disease, there is a certain amount of contraction of the leg, Dr. Wilde has devised a "Cradle Traction Caliper" as the best instrument for dealing with it. Also for cases of chronic arthritic disease, where the patient would be all the better for walking, a splint has been devised which forms a rigid support when the patient is standing, but immediately the knee is flexed in the act of walking, or when the patient sits down, the support relaxes, just as the muscles would do under similar circumstances.

An interesting discussion followed the reading of this extremely able paper, in which Dr. Jagielski, Mr. Knox-Shaw, Drs. Dyce-Brown, McNish, Byres Moir, Goldsbrough, Roberson Day, W. Roche, Hervey Bodman, Searson and the President took part. Dr. Wilde replied.

BRITISH HOMŒOPATHIC CONGRESS.

THE Meeting of Congress will be held this year in Liverpool, on Thursday, the 19th of September. Full particulars will be announced in due time. D. Dyce Brown, hon. sec.

NOTABILIA.

POISONING BY ARSENIURETTED HYDROGEN.

AN interesting occurrence is recorded in the *British Medical Journal* for February 16th, through which ten men were poisoned by this gas in the process of manufacturing chloride of zinc by the action of hydrochloric acid upon crude oxide of zinc. It transpired that both the oxide and the acid contained arsenic. The report is by Dr. Clayton, certifying surgeon for factories and workshops to the Accrington district.

"The symptoms in the ten cases here referred to were characteristic throughout, with the exception of one man who appeared to have absorbed a very small quantity of the gas,

and who was correspondingly slightly affected. It is only necessary to quote one case as typical of the series, that of the foreman, who was engaged in emptying bags into the vat, and who was the most seriously affected of those at the vat. He was a robust, powerful man, and had been engaged at this particular work for sixteen years. If there can be such a thing as immunity to AsH_3 , he should have afforded an example. He had been at work there all the morning, and left his work at 2 p.m. At 2 30 he felt sick, nauseated and depressed, with a hot, burning pain from his throat to his stomach, and with an intense thirst. This was soon followed by violent vomiting, at first of food, then of everything as soon as swallowed, even iced water. This again was followed by an equally severe diarrhœa; the discharges were at first loose fœcal matter, then rice-watery, and finally contained blood. Added to this there was hæmoglobinuria and a rapidly developing jaundice, which within twenty-four hours assumed an intense coppery hue. As is usual in these cases, and without any knowledge of the surrounding circumstances and the obvious cause, a diagnosis of cholera would have been pardonable within the twelve hours. The whole effect was that of an irritant poison taken by the mouth, being evidence that the arsenic in the gaseous state was absorbed by the blood direct from the lungs, and in its passage through the walls of the stomach, was separated there and acting directly. Doubtless also some may have been swallowed in the saliva. The feeling of depression deepened into extreme prostration, the features were sunk and cyanosed, the pulse thready, and the voice lost. These severe symptoms lasted with gradually diminishing severity for several days. The feeling of prostration, the anæmia, the almost pale green colour of the skin which supervened on the disappearance of the jaundice, lasted for several weeks longer, and it was only after the lapse of five weeks that he was able to return to work.

In the one fatal case the symptoms showed no variation from the above, excepting that there was no tendency to recovery. Towards the close there was suppression of urine, and after thirty-six hours of complete unconsciousness, he died on the seventh day.

In all of these cases there was jaundice. In eight of them it was intense. In two only could it be described as slight. In nine also there was hæmaturia. Intense thirst and a burning pain in the chest characterised the onset and earlier stages of all the cases. Diarrhœa was troublesome in five, and all the cases, with the single exception referred to, suffered from profound anæmia in the later stages of the disease. The effect on the nervous system was more or less severe in nine. In six

of these the prostration and collapse of the earlier stage was very severe.

One man who was engaged with these ten, and who was on the platform nearly the whole time, escaped without any symptoms whatever, and the varying degrees in which they were affected would seem to indicate that individual susceptibility played an important part. The man who died could not have been described before this as a good life. He had been a heavy drinker, and the effects of chronic alcoholism no doubt militated against any tendency to recovery."

It is noteworthy that the similarity between the effects of this agent and cholera is so clearly demonstrated once again. Readers of the *Review* will remember that the late Dr. Drysdale, senior, found arsenicum hydrogenisatum very useful in the great cholera epidemic at Liverpool. There is, however, no mention of any occurrence of local anæsthesia followed by formication as the anæsthesia passed off, and by temporary albinism of the hair growing on the affected parts, such as is recorded in the case of Schindler.¹

PAPULO-VESICULAR RASH IN CINCHONISM.

DR. MEACHEN, Senior Resident Medical Officer to the Tottenham Hospital, records the following case in the *Lancet* (March 2nd):—

"A married woman, aged 23 years, was admitted into the Tottenham Hospital on Jan. 3rd, 1901, for pain and swelling of the left leg due to a chronic periostitis of the tibia. As she was pale and had had some fever, one grain of the sulphate of quinine was given with half a grain of the sulphate of iron in a mixture every four hours. Five days later numerous scattered reddish papules appeared on the face, shoulders, and extensor surface of the left leg. In the latter situation the papules, which were elevated above the surface, soon became vesiculo-pustular and showed some tendency to a circinate grouping. Itching was not a prominent feature, and the pustules dried up and became absorbed without breaking, leaving a brownish discolouration. There was no faucial angina, and the only other symptom of cinchonism present was headache."

Such rashes are a rare result of the internal administration of quinine. A somewhat similar case is, however, on record in the *Cyclopædia of Drug Pathogenesis*, vol. ii, p. 141. Köbner's patient at first developed a scarlatiniform rash so exact in its

¹*Cyclopædia of Drug Pathogenesis*, vol. i, p. 466.

mimicry that it was at one time regarded as a case of the real disease. The use of the drug was re-umed, and the "face became slightly bloated, and was covered with a uniform dark redness which spread also over scalp, ears, neck and extremities. A few spots of normal skin remained on the arms; the flexor aspect of the lower third of both thighs was normal, while the extensor surfaces were the seat of isolated papules of the size of a pea, dark red in colour, becoming pale on pressure. The intervening tissue was healthy, and epidermis showed fine wrinkling."

RESULTS OF THYROID INTOXICATION UPON THE EYE.

IN the absence of any provings of thyroid extract upon the healthy body, any information concerning its physiological effects is welcome. *The Medical Press and Circular* quotes Dr. Coppez, of Brussels, as noting five cases of well-marked optic neuritis in patients who were taking a course of thyroid gland as a cure for obesity. "The amblyopia did not supervene until after several months of the treatment, but it then ran a very rapid course, vision being reduced, in the course of from six to eight weeks, to a tenth. In some instances suspension of the treatment sufficed to bring about a subsidence of the lesion, but in others the prolonged administration of tonics and the application of electricity were required to effect a cure. It is worthy of note that these patients presented no other symptom of thyroid intoxication, the toxic influence having apparently been localised in the visual apparatus. Henceforth it will be necessary, in all cases of optic neuritis of obscure origin, to inquire whether the patient has been subjected to thyroid medication." Four of the five patients affected in this way were females.

BELLADONNA.

By T. F. ALLEN, M.D., LL.D.¹

IN studying the effects of *belladonna*, we are fortunate in having access to a large number of cases of poisoning which have been reported, especially in Germany and in France, where the herb is not uncommon. Although, as well known, the plant apparently derives its active properties from the alkaloid which it contains (*atropia*, *atropine*), called from its generic name *atropa*, yet I do not wish to enter into an account of the

¹ Reprinted from *The Homoeopathic Recorder*, Dec. 1900.

active principles of the plant, nor is it my intention to detain you at the present time by an explanation of the physiological action of the drug. My remarks will be confined to well-known facts, not attempting to explain the symptoms, the physiological explanation of which has been, and still is, a much debated question. The juice of the plant, *atropa belladonna*, should be freshly gathered (*never dried*, nor should the plant be imported in a dry condition). The plant then, freshly gathered, and eaten by children and grown people, or taken in any way, produces most emphatically and *invariably* (in all cases) a wonderful excitement, especially mental. The patients become delirious, they rage like crazy people, often appearing to be quite mad, with flushed face, protruding eyes, and violent actions. As these symptoms of mental excitement, flushed face, etc., develop, the patient becomes chilly, experiences dimness of vision, with great dilatation of the pupils, nausea and vomiting, especially with dryness of the mouth and throat. The pulse becomes accelerated, sometimes rising to 140 in a minute, usually with violent delirium. To these symptoms may be added extreme sensitiveness of hearing, and, at first, frequent urgency to urinate; in most cases, headache, sometimes violent and throbbing. Of these, and of many other symptoms, the most constant and most prominent are the extreme dryness of the mouth and throat and the dilatation of the pupils. This extreme dryness of the mouth and throat is, indeed, very characteristic of the action of *belladonna*, and is associated with an *aversion to water*, amounting to a *dread of drinking*, partly occasioned by the difficulty in swallowing (the dysphagia is sometimes extreme), partly because the water seems to be of no use in moistening the throat, which is as dry as if glazed, and the water seems to pass over without moistening it, sometimes accompanied by extremely difficult and painful vomiting. But generally we find this extreme dryness of the throat associated with a kind of delirium or an unnatural dread of water, which amounts to a delirium, so that this symptom seems to be a mental rather than a physical one. This has seemed to us, in studying the cases of poisoning by *belladonna*, an extremely interesting and valuable symptom in the selection of *belladonna* as a remedy, for it must always be borne in mind that the *belladonna fever* (and it is often very high, pulse high, temperature high) is *unaccompanied by thirst*. Indeed it may, and does, happen in many cases, that the patients have a real dread of water, and wish not to be urged to drink, for this is one of the characteristic features of the *belladonna* sore throat—extreme dryness, a fiery-red and glazed appearance of the mucous membrane, with *aversion to drink*.

And it is proper to mention in passing, that this is almost invariably so characteristic of the *belladonna* poisonings that it has come to be used therapeutically as a prerequisite to the administration of *belladonna*, and I would urge upon you all not to forget this fever. The high fever, the delirium, the mental, not physical distress, or wildness, *which does not tolerate water*, is in marked distinction to *aconite*, *opium*, and other drugs, where the patient craves drink. In addition, this cerebral excitement produced by *belladonna* is associated with great hyperæsthesia of all special senses; sounds are very distressing; a bright light, strong odour, etc., cause the greatest distress, and the sufferers are extremely anxious to be quiet, and to get rid of all external excitement. Add to these fever and cerebral symptoms, the intolerance of the stomach to water (efforts to vomit and frequent vomiting), frequent and profuse micturition, which accompanies nearly all such cases at the beginning, and we have a good picture of a person in the earliest stage of an acute attack of some sort; it might be of taking cold, it might be of a great many things which will produce febrile excitement, with disturbed stomach, especially with frequent need to urinate. So that, taking the symptoms just at this point, we find a direct applicability to the very earliest stages of some acute diseases. If we add to these symptoms what is one of the most characteristic features of *belladonna* poisoning—that of a red rash over the whole body, a rash that is only a smooth scarlet redness, such as is frequently noticed in the first stages of scarlet fever, a scarlet fever which is like the true Sydenham scarlatina, which is a smooth redness of the skin, and upon the outbreak of which many of the symptoms are relieved, to be followed by others of the later stage. This scarlet-like redness of the skin, the direct and unmistakable action of *belladonna*, seems like a true exanthema.

This rash a little later desquamates like true scarlatina. During this period of desquamation the action of the kidneys is less frequent, and nephritis of an acute or catarrhal nature may supervene. In short, we have a picture (almost the exact counterpart) of an attack of scarlatina. The prodromal fever, with cerebral excitement; the dry mouth and throat, with scarlet-redness of the latter, with the prodromal nausea and vomiting, followed by a scarlet rash, and that by the desquamation, and then by symptoms of acute nephritis, and a more complete picture of scarlatina simplex it would be difficult to imagine. It seems almost incredible that one can produce by any drug a disease so wonderfully like that produced by a germ in the human system, namely, the scarlet fever germ. It is, indeed, marvellous! No wonder that

Hahnemann almost at the very outset of his investigations into homœopathy reached the conclusion that, in *belladonna*, we have a true prophylactic to scarlet fever.

Before continuing this subject, I will say that when cases come to you with the prodromal fever, like *belladonna*, with the throat-rash, with a tendency to delirium, with the nausea and vomiting, with the dread of drinking, you may confidently prescribe for the whole case of sickness a minute dose of *belladonna*. I may tell you that this was done for years at the Five Points House of Industry, and for years, and so far as I know, to the present time, certainly up to a short time ago, *belladonna* in the 30th dilution at first stayed the progress of this disease, and prevented a recurrence in patients to whom it had been administered as a prophylactic. Prof. St. Clair Smith related to me his experience with the prophylaxis of the 30th dilution of *belladonna* in a tenement house at Five Points, in which there were several children sleeping on the only bundle of straw available in the place, and one little one breaking out with scarlet fever; the other four or five were dosed with *belladonna*, 30th potency, and not one of them took the disease.

We must not omit to emphasize mental symptoms of *belladonna*, which are extremely important and perhaps characteristic of the drug. The tendency to a wild, furious delirium is exceedingly marked in almost all cases of poisoning, certainly in all cases of severe poisoning. This is accompanied by a redness of the face and head, with a hot throbbing headache, and greatly accelerated pulse. This delirium is characterized by its intensity, as well as by its definite character. The patient suffers from great acuteness of all the senses, of taste, of smell, sight and hearing, and his senses frequently deceive him. The patient wants to spring out of bed, is constantly talking, the eyes are protruding and greatly injected; the pupils are dilated. There is strong pulsation in the carotids, and with it all there is inability or difficulty to swallow. The inclination to violence is shown in the tendency to tear things, and to bite people standing near. The patient breaks out into fits of uncontrollable laughter, with gnashing of the teeth, and with a wild, furious look. With this all, there is an abhorrence of liquids, certainly THERE IS NO THIRST. There is no anxiety especially. The only anxiety that shows itself is a desire to escape and run away from people.

The headache must not be overlooked; it is characterized by fullness and heat, by throbbing in the great vessels of the neck and head externally, by a sensation of pulsating throughout the head, accompanied by extreme sensitiveness to all light, and an intolerance of sounds. The hearing is abnormally

acute, and every noise or strong light seems to cause an increase of the pain. The headache is mostly characterized by the throbbing, pulsating pain, and by the intolerance of light and of sound. The pain may take on the form of an internal pressure, as if in the brain, like a rush of blood, with pulsation in the cerebral arteries. At times the pain becomes a severe aching or stabbing, or a tension, and is sometimes associated with extreme sensitiveness of the scalp externally. With it we almost invariably associate the dilated pupils, the protruding or sparkling eyes, with injection of the conjunctiva, especially with dryness, and a feeling of stiffness of the muscles, or heat, as if the eyes were enveloped in a hot vapour, with a vision of sparks before the eyes, or of coloured haloes around the light, the red predominating, or of flashes of light (*chromopsiæ*). The pains in the head, while mostly pulsating, are sometimes of a sharp, sticking or tearing character. It may be noticed in passing, that the headache of *belladonna* is quite similar to that produced by *aconite*, the character of the pain being very similar in *aconite*; there is a feeling of intense heat through the brain, as though the brain rose and fell in hot waves. But the associated symptoms of *belladonna* are so different from those of *aconite* that they cannot be mistaken. The anxiety of *aconite* is a restless, intolerable anxiety, with a distinct fear of impending misfortune, and when the throat symptoms are present, more especially those of fever symptoms, which in *belladonna* are associated with extreme dryness of the mucous membranes of the mouth and throat, not often noticed in *aconite*, and in *belladonna*, with a lack of thirst, even a dread of drinking, while in *aconite* there is distinctly excessive thirst and extreme restlessness and anxiety, all these symptoms make it very easy to differentiate between the two drugs. I have never, in my experience, found an acute inflammation of the throat to indicate *belladonna* or to be similar to *belladonna* and *aconite* at the same time. I have often tried the experiment of alternating the two drugs, but uniformly failed not only to find two drugs indicated in any given case, but have actually found them antagonistic. There seems to me little doubt that *aconite* inhibits the action of *belladonna* and *vice versa*. Either drug acts better by itself than when mixed or alternated with the other.

The difficulty in swallowing produced by *belladonna* is not dependent wholly upon the dryness of the throat, nor upon the inflammatory action, but is even more produced by the spasmodic action of the muscles of the constrictors of the pharynx, perhaps, also, by the extreme sensitiveness of the larynx. This tendency to spasm, due, it may be, to exaggerated sensibility and to exaggerated reflexes, is very marked

under *belladonna*, not only in its action upon the muscles of deglutition, but is also witnessed in other parts of the body, where either voluntary or involuntary action is required. At all events, it is certain that extreme sensitiveness of the muscles of deglutition may even throw the patient into convulsions when attempting to swallow, or cause such spasmodic distress that deglutition would be impossible and the act of swallowing become so painful and productive of such spasmodic contraction as even to cause retching and vomiting. This great intolerance has been witnessed in almost every part of the body. It is witnessed, for instance, in the larynx, where a cough is produced that is, as a matter of course, extremely dry, and, in fact, the voice becomes very hoarse, the cough sounding like the bark of a dog. The attempt to cough causes much pain in the larynx, which is sore throughout its whole extent and inflamed; is unaccompanied by any expectoration, is characterized by intolerable pain on coughing or on attempting to swallow, with great tenderness of the whole larynx, externally, to the touch, extending into the trachea and bronchi, with redness and extreme dryness, which is easily visible by the use of the laryngoscope—even the slightest touch externally is painful, and the cough produced by *belladonna* simulates very closely the affection known as an acute laryngitis. But this laryngitis, though very acute and painful, is not associated with the slightest exudation. *Belladonna* has no similarity, except as to the character of the cough, with any membranous exudation in the larynx, and is not to be thought of for an inflammation attended by any membranous exudation, though it is very frequently useful in an acute laryngitis with a perfectly dry, hot, and painful inflammation.

This tendency to extreme tenderness, both of mucous membranes and of muscles, is witnessed all through the abdominal organs. The region of the stomach is especially sore, and, indeed, the whole abdomen is very tender on pressure; at times even more tender than would be thought possible, even in peritoneal inflammation. But sometimes symptoms of acute inflammation, both enteric and peritoneal, certainly call for the administration of *belladonna*. It has been found indicated in extreme sensitiveness of the abdomen, in acute inflammation of the liver, in enteric inflammations (rarely), in metro-peritoneal inflammations, etc.

The action of this drug upon the menstrual function, and upon the female sexual organs is important, as it is peculiar. Menstruation is usually attended by a metrorrhagia, and it seems to be almost characteristic of *belladonna* that the metrorrhagia is peculiar, in that it produces a menstrual flow,

sometimes coming in hot gushes, frequently characterized by a bright red colour, but very often of a hæmorrhage characterized by a very unnatural or decomposed odour of the discharge. This has been so marked in many cases that women of full habit, suffering with the peculiar exaggerated sensitiveness in various parts of the body, and having excessive menstruation of such an odour, have been obliged to remain separated from the family for days at a time during this period. Many a distressing case of this sort has been entirely relieved by a few timely doses of *belladonna*.

As regards the pelvic organs themselves, it may be said that various forms of inflammation of the different organs, uterus, ovaries, etc., with extreme sensitiveness to touch even to suspected peritoneal inflammation, with hæmorrhages with symptoms of prolapse of the uterus, symptoms of inflammation of the ovaries, especially on the right side, with a heavy, dragging, forcing pain, with violent cerebral symptoms, and with many associated symptoms, like those to be found in the provings of *belladonna*, are all extremely characteristic of the drug.

From the effects of *belladonna*, as shown by the cerebral symptoms, it might be anticipated that very pronounced symptoms of convulsions or of spasms would result. While, to a certain extent, this is true, and while there are many indications of meningeal inflammation, especially those we expect to result from the extremely acute sensibility of the various senses (the easy startings, and aggravations caused by the slightest noise, or bright light, etc.), and while we find certain convulsions produced in both children and grown people, with a recurrence of the spasms, induced by violent pain by the least contact, sometimes with loss of consciousness, or with delirium, yet the symptoms of convulsions caused by *belladonna* are mostly those similar to spasms which might be produced by an irritation, such as might be caused by the presence of an indigestible substance in the stomach, or as the result of a sudden fright, but rarely such as might be considered epileptiform, though such spasms have been said to be produced by *belladonna*. But the effects from *belladonna* do not seem to last sufficiently long to give rise to the epileptic state. If this drug ever is or ever might be indicated in true epileptiform convulsions, it would only be during a temporary attack, with very flushed face, dilated pupils, or other symptoms denoting a great rush of blood to the head, with which such spasms very rarely occur. As a rule, we find that *belladonna* is rarely indicated, even in convulsions affecting children.

From what is known of the action of *belladonna* in stimulating the motor zone of the cortex cerebri, and from what is

definitely certain as to the character of the convulsions produced by *belladonna* in many cases of poisoning, it seems to be true that *belladonna* produces convulsions mostly of an acute character; that is, without a prolonged constitutional dyscrasia, such as epilepsy; convulsions of an irritative sort, convulsions very largely from reflex causes, such as teething, indigestible substances in the alimentary canal, sometimes in an acute exacerbation of a chronic dyscrasia, such as we occasionally find in poisoning by absinthe, definitely producing a great number of convulsions, occurring in rapid succession, with the *belladonna* indications, of great sensitiveness to external impressions, associated with a hot head, flushed face, great sensitiveness of the surface of the body, etc.; but these conditions are not often found, and are mostly transitory in character, and while *belladonna* certainly is to be thought of (to be thought of always in convulsions associated with exaggerated sensibility, increased reflexes), yet *belladonna* is not very frequently called for, even when convulsions of the type spoken of do occur; the drug, to be curative, must find its simillimum in the acuteness of sense, flushed face, rapid pulse, etc., symptoms present in such cases.

The pulse of *belladonna* is usually full and frequent. The circulation in general seems to be characterized by a tendency to congestions, and with the increase in the pulse rate there is undoubtedly considerable fever, though it is unquestioned that the febrile excitement is associated with and usually attended by a diminished blood pressure, and a general tendency to stasis of blood or localised congestion. We have found, clinically, that a fever calling for *belladonna* as a remedy will be associated in its early stage, and perhaps for a longer period than a single day, with sudden attacks of chilliness; but the febrile excitement is not associated with thirst, and is associated almost uniformly with extreme dryness of the mouth and mucous membranes generally. It seems to us that the fever is not, as a rule, inflammatory in character, but rather irritative, meaning by that that the fever of *belladonna* is rarely associated with any form of parenchymatous inflammation, perhaps never with exudation. The fever is always associated with great sensitiveness of any part of the body which may be affected, as, for example, an inflammation of the small joints, in which case *belladonna* is sometimes a valuable remedy, when the parts are extremely sensitive to the slightest touch, are very hot and dry, or associated with violent shooting pains which come and go suddenly. It will be noticed that the parts affected are usually situated on the right side of the body. This is true both as regards the pains and the sensitiveness.

Thus, we have found *belladonna* indicated in acute aggravation of gouty inflammation, with violent pains shooting from the toes as far as the knees or hips, sometimes even with nausea and vomiting, sometimes as if the limbs were bruised, with shooting and gnawing in the bones, extending to the hips, causing great restlessness ; some relief when moving about. We have seen cases of acute gout, in which the pains were defined as a paralytic tearing, or a painful drawing or tearing pressure. With all these symptoms, the nerves of the extremities are very sensitive, as the patients express it—"as if the nerves were uncovered," and cannot tolerate the slightest pressure. Sometimes these pains are associated with a feeling of numbness, which may extend through the whole arm, to the wrist and to the hand. At times, too, there are very marked symptoms of neuritis.

We have seen cases of extreme sensitiveness of the spine, in which pressure upon the vertebrae caused screams and distress in the stomach, with flushed face, with difficulty in walking, with lumbago-like pains in the hips, thighs, cramps in the legs, etc. ; all these, with most extreme hyperæsthesia, generally with great cerebral excitement.

Very interesting symptoms develop during sleep which, under the influence of *belladonna*, is sometimes almost impossible. Sleep is associated with great restlessness, with irrational talking, with starting and jumping from sleep, and difficulty in keeping in the bed ; the feet, hands and legs jerk. Children toss about, kick and quarrel, apparently in their sleep. Usually a person dreams a great deal immediately on falling asleep, and the dreams cause fright, waking the children out of sleep suddenly, with fright, as of danger from fire ; but generally the dreams, though very vivid, are not remembered long after waking.

Patients suffering from fever calling for *belladonna* are apt to get a kind of delirium, in which they try to get out of bed and get away ; they have an insane notion that they want to go home ; that they are in a strange place, always with a flushed face, staring eyes, dilated pupils, dry mouth, and, as a rule, aversion to drinking. Many cases of poisoning have been recorded, with very violent delirium, in which the sufferers try to bite people, and strike and gnash their teeth, and exhibit a really furious and violent delirium. This furious delirium is extremely significant of *belladonna* and of allied drugs, for the character of the delirium varies in *belladonna*, *stramonium*, and *hyoscyamus*, of the solanaceæ family, with which it will be compared in another lecture.

GLONOINE.

The drug most like *belladonna* in certain interesting features,

notably, the headache, is *nitro-glycerine*, known as *glonoine*, and a few words concerning this drug, by way of comparison with *belladonna*, will not be out of place at the present time. Its action is the most remarkable in that it produces intense congestion of the brain, great flushing of the face and head, and very greatly increased activity of the special senses. But, while *glonoine* produces violent pulsation in the carotids, and, indeed, in all the arteries of the body, it does not produce a rise of temperature; and it is characteristic of *glonoine*, and of the nitrites in general, such as *nitrite of potash*, *nitrite of amyl*, and others of this group, that while they produce rapid heart's action, intense, violent pulsations everywhere throughout the body, they almost uniformly cause extreme cardiac failure, diminished arterial pressure, and entire loss of pulse, which may be produced by one or two drops of a 1 % alcoholic solution of *glonoine*. This throbbing in the blood vessels seems to rise from the chest into the head, and is associated with laboured heart's action.

Indeed, there is cardiac failure, and the vaso-motor nerves, throughout the periphery of the circulation, seem to be more or less paralyzed. This intense congestion, seeming to rise from the heart to the head, is accompanied by symptoms showing the extreme sensitiveness of all parts of the body to the flow of blood. Thus, the paralysis of the vaso-motor nerves permits or gives rise to excessive dilatation of the arterioles, and this combined with the excessive hyperæmia in the blood vessels, causes extreme sensitiveness to the impact of the blood current upon the blood vessels, and every pulsation of the heart seems to be acutely felt throughout the system, even in the finest nerve filaments, so that extreme pulsation is distinctly felt all through the body. It seems to be certain that with the intense throbbing in the head, symptoms of intense cerebral congestion, etc., most violent convulsions occur. These violent convulsions, associated with or alternating with cerebral congestion, particularly with the sensation of pulsation throughout the body, serve to indicate this remedy in convulsions occurring as the effect of alcoholic stimulants, of intoxication from absinthe, etc.

Of the symptoms which *glonoine* produces in healthy people, which are numerous and characteristic, it is noticed that the patients are inclined to hold the head with both hands to keep it quiet, or relieve the intense pulsation by pressure. One is afraid to shake the head, lest it drop to pieces. It feels as if the head were hanging downward, and, in consequence, there seems to be a great rush of blood to it. Mentally, it is worthy of note, to observe that *glonoine* produces a peculiar form of confusion, especially symptoms indicating

a loss of power to recognize localities. The symptom of losing one's way in the streets, which at other times are perfectly familiar to him, has become well known, and is quite characteristic of the action of *glonoine*.

Many people have observed that, with this cerebral hyperæmia of *glonoine*, there is associated nausea and vomiting, with increased secretion of urine, heat in the face, etc. This symptom, however, is not peculiar to *glonoine*. We have observed it as the result of *belladonna* poisoning, and a similar symptom occurs in other members of this group (nitrites).

The action of this drug in causing a violent pulsating or throbbing toothache is frequently and abundantly verified. This pain in the teeth may occur and not be confined to decayed teeth, or to any particular side of the jaw, may occur all through the jaws, and extend into the temples, and seems not to be relieved by palliatives. One, indeed, may follow the symptom, produced by *glonoine* throughout the whole body, finding in every location, and in every organ, in fact, violent pulsating pains.

But *glonoine* has been found specially useful for disturbances of menstruation, for convulsions occurring after parturition, for angina pectoris, the pains radiating even into the arms. Pulsating pains are most characteristic of the drug. *Glonoine* has, however, few, if any, symptoms of an inflammatory state, certainly not of a true fever, nor of any organic lesion. It seems to be restricted in its curative sphere to the curious vaso-motor disturbances which it produces, combined with the unique sensitiveness pervading the whole circulatory system.

EPIPHEGUS VIRGINIANA.

THE following symptoms are the result of a partial proving of *epiphegus* undertaken by the materia medica class of the Pulte Medical College at the instance of Dr. A. E. Goldsmith, their teacher, who published them in the *Homœopathic Recorder*.

They add considerably to the scanty pathogenetic material at our disposal concerning this drug.

Tongue coated yellowish, with a sense of gastric discomfort. Bitter taste in the mouth.

Saliva thick.

Dull frontal headache.

Drowsiness after meals.

A feeling of weight over the sternum.

Palpitation of the heart at night.

Sharp, shooting pains in abdomen, increased by inspiration

and motion. Worse about 3 a.m. (a large dose of the medicine had been taken just before retiring).

Stools loose, urgent. In one prover involuntary stools.

One prover reported the return of a dyspeptic condition from which he had suffered a year or two previously, but which had been remedied by treatment.

Another prover reported his digestion as much improved.

CURARE IN TETANUS.

DR. B. SCHARLAN states that curare had never met with general favour in the treatment of tetanus, Billroth in his great work on Surgical Pathology and Therapeutics (1871) remarking that it had been used occasionally, but had not fulfilled expectations. The following record, however, of two cases of tetanus and trismus treated by curare with recovery in both is interesting. The first case was as follows: A boy, aged 11 years, was admitted to hospital on August 29th with marked trismus and tetanus lasting two days, and following upon a wound in the foot inflicted by a splinter of wood four weeks previously. Two weeks after the wound there was pain in the right shoulder, soon after the entire trunk became rigid, and on the following day the neck and arms became involved. Attacks of trismus and tetanus followed later. There was very marked opisthotonus, the abdomen was rigid and tense, micturition was difficult, the temperature oscillating about 100° F. Treatment commenced with a hypodermic injection of one-twelfth of a grain of curare repeated in increasing doses as often as the physiological symptoms of a dose faded away. When a dose of one quarter of a grain was reached the opisthotonus disappeared, and the patient was able to open the mouth sufficiently to separate the teeth and drink. To secure sleep at night chloral hydrate was given in the evening. The injections of one quarter of a grain of curare were repeated at first every six or eight hours, but after six days of such treatment the effect became more lasting, and only two injections were required in the twenty-four hours. From Sept. 12th one injection daily was given until Sept. 20th, when it was discontinued. He was after this given a warm bath of thirty minutes' duration every morning. He improved, and on Oct. 5th he was discharged as cured. The second case was that of a boy, aged seven years, with tetanus and trismus, admitted to hospital on Oct. 31st. There was extreme opisthotonus, the superficial and deep reflexes were exaggerated, the temperature was 101.4°, the pulse was 132,

and the respirations were 42. The pure alkaloid curarin was given, the dose being one fiftieth of a grain hypodermically. About thirty minutes after the injection the mouth was somewhat opened and the arms became lax, but the legs remained as rigid as before. Five grains of chloral hydrate were given nightly. The injections of curarin were continued on the same principle as in the previous case. The patient continued to improve day by day. On Nov. 5th he slept six hours during the night, the muscles being quite relaxed. The next day he sat up in bed for the first time. Eventually the stiffness of the jaws and legs entirely passed away, and he was discharged cured. In a third case, where the patient was a man, aged 25 years, the same good resulted from treatment by curare. It appeared that with every day the patients lived the prognosis became better, the tetanus poison gradually losing its strength. If no natural sleep set in a hypnotic (chloral hydrate) was given at night. Nourishment (liquid) was administered, and if the sixth day of the outbreak had passed a hopeful prognosis could be entertained.—*Lancet*, September 8th, 1900.

GANGRENE FROM THE APPLICATION OF DILUTE SOLUTIONS OF CARBOLIC ACID.

THE *American Journal of the Medical Sciences* for July contains a very complete and important paper on this subject by Dr. F. B. Harrington. In the United States carbolic acid has become a general household remedy for the treatment of slight wounds and bruises, and it is used as a moist dressing. The application of dilute carbolic acid for hours to the extremities may produce gangrene—a fact which is not generally known. Dr. Harrington has seen during the last five years at the Massachusetts General Hospital, either in his own practice or in that of other surgeons, no less than eighteen cases of gangrene arising from the use of carbolic acid. From medical literature he has collected a large number of other cases which with his own make 132. The recorded cases appear to be entirely American and continental. The absence of British cases is no doubt due to the fact that a dilute solution of carbolic acid applied in the form of a moist dressing is not a household remedy in this country. However, the possibility of carbolic acid being used in this manner is by no means remote, so that the warning given by these cases is not useless. Dr. Harrington relates the following case. A delicate woman, aged 26 years, cut the tip of her right index finger. Her brother, a strong man, had two weeks before

successfully treated a cut on his finger with a solution of carbolic acid. She therefore put on a bandage saturated with the same solution. This was at 6 p.m. On going to bed she moistened the dressing again with the solution. There was some pain in the finger during the night. In the morning, when the dressing was removed the skin was grey, and the finger was swollen and felt "lifeless and heavy." The colour changed in a few hours to a dark brown, and later, when the finger became dry, to black. The patient was first seen at the end of four weeks. The finger was in different places clay-coloured, dark brown and black. A line of demarcation had formed near the end of the first phalanx. The remainder of the phalanx was red and swollen. Amputation was performed through the middle. Thrombosis of the vessels, superficial necrosis of the finger, and deeper purulent infiltration and hæmorrhage were found. The history of all the cases is similar. After an injury a finger or a toe is wrapped in a dressing saturated with carbolic solution. If the solution is strong enough and the time of application is sufficiently long the part will be lost. Numerous cases have been reported in which amputation had to be performed for gangrene following the use of 2 per cent. and 3 per cent. carbolic solutions. In a child aged 10 years, the second and third phalanges of a finger were lost after the application of a 1 per cent. solution for twenty-four hours. Usually the time of application was from twelve to twenty-four hours. By a series of experiments Lévai has shown that the gangrene is due to a direct chemical action of the carbolic acid on the tissues, and that other dilute chemicals have a similar effect. Five per cent. solutions of muriatic, nitric, sulphuric, and acetic acids, and of caustic potash, produced gangrene when applied to an extremity for from twenty to twenty-four hours. On the trunk superficial gangrene occurs if the application is sufficiently prolonged. The result is not so injurious as on the extremities because of the greater thickness of the tissues, and because the blood supply cannot be shut off in the same manner as in an extremity.—*Lancet*, August 4th, 1900.

LOBELIA AS A LOCAL REMEDY IN STRICTURE.

I WANT to report an experience I had with this old fashioned drug a few years ago, since which time I have used it constantly for the treatment in both spasmodic and permanent strictures.

Spasmodic stricture it will cure as if by magic, and in permanent stricture where you have found it impossible to

pass the smallest kind of a sound, you will find after its application the sound will easily pass. I can best illustrate by reporting to you the first case upon which I used it.

Mr. G——, about 40 years of age, had had gonorrhœa twice, the last time about three years ago. This had left him with a slight chronic gleet. For about one year he had had difficulty in urinating, the stream being small and twisted, passing slowly and without pain. The difficulty in this respect had been growing worse every day until the time he called upon me, his urine simply dribbled a drop at a time. It would take him half an hour to empty his bladder, and there was considerable pain. He had consulted several physicians, and they had attempted to pass sounds without success, and these attempts no doubt accounted for the irritation and the pain which the patient was experiencing while urinating. Learning that those who had attempted to pass the sounds previously had used the cold sound, I warmed mine, anointed it well, and made the attempt to pass it, but without success. For two weeks I had the patient call every other day, and made the attempt each time to pass the sound. I could not even pass a filiform. The patient was getting discouraged. I cheered him as best I could, telling him, as I had several times before, that I had no doubt that at the next attempt we would be successful, and we were. At his next call, before attempting to pass the sound I dropped into the urethra about fifteen drops of lobelia, closing the meatus, and held the lobelia in the urethra for five minutes. It produced a smarting sensation which passed away in a short time. I now prepared my sounds and was delighted to find that I could pass a No. 10 with little difficulty. I continued this treatment twice a week without producing any urethritis, gradually increasing the size of the sounds until I could with ease pass a 24. The patient can now pass his urine normally, has no gleet discharge, and I have not passed the sound for two years. I see him frequently, and know he has had no return of the difficulty. Since treating Mr. G—— with the lobelia I have tried it on quite a number of cases, with success in all of them. —Dr. Boskowitz in the *Homœopathic Recorder*, August 15th, 1900.

CEANOTHUS VIRGINIANA IN ENLARGEMENT OF THE SPLEEN DUE TO MALARIA.

Mr. V., aged thirty-one years, appeared at the clinic August 23rd, 1900, and stated that his health had always been good up to eight months ago, at which time he was taken with

malaria fever. The chills and fever were controlled by quinine, but ever since there has been a continual pain in the side and back, the pain being most pronounced in the left side. He complains of being tired and exhausted all the time. The bowels are constipated; he is losing flesh and perspires easily. While there are no distinct chills there is frequently a chilliness down the back and slight fever appears at irregular intervals; a cough is complained of which aggravates the pain in the left side; he feels worse during wet, cold weather, the pain in the side being worse during that time.

Physical examination shows the patient to be emaciated, exhausted and slightly jaundiced, and the spleen much enlarged and very tender to pressure. On account of the greatly enlarged spleen due to malaria, the great tenderness and sensation of soreness that the patient is unable to lie on that side, *ceanothus vir. tr.* three drops were given in a third of a glass of water every three hours; in one week the patient reported feeling better; there was a gradual improvement until, in three weeks, there was no evidence of tenderness, the enlargement of the spleen had diminished and the patient claimed he was cured.—[*The Clinique, January.*]

TWO CASES REPORTED BY DR. T. F. ALLEN,

Professor of Materia Medica in the Homœopathic Medical College of New York.

At the close of 1881 the College of Physicians held an Extraordinary Meeting of the Fellows of the College to denounce Homœopathy, and promulgate an *ex cathedra* ban upon all members of the medical profession who openly practice homœopathically. On this occasion Dr. (now Sir Samuel) Wilks, in the course of his onslaught upon those members of the College who treat disease homœopathically, is reported as saying: "The homœopaths abused everyone else, and brought forward wonderful cases which no one else could cure."

In commenting on this passage in our *Review* (vol. xxvi, p. 69), we said: "That 'wonderful cases' which have refused to yield to any but homœopathically selected medicines are frequently reported in our journals is true enough; but that they are such as 'no one else can cure' is not true. Any physician could cure such cases, if he would but use the same means. It is to induce the use of such means that they are published. They form not only the practical evidence of the truth of our method, but illustrations of how it may be put into practice."

The *Homœopathic Recorder*, of January, publishes a letter from Dr. T. F. Allen, the well-known editor of the *Encyclopædia of Materia Medica*, and Professor of Materia Medica in the New York Homœopathic Medical College, in which he details the history and progress of two such cases which he describes as having come under his personal observation.

"A Spanish lady of good birth, owning large estates in Cuba, a lady whose means are abundant, who could command the best medical and surgical skill in the world, and who did command it, in whom the diagnosis was to my mind clearly and accurately made, who consulted not less a personage than Professor —, of a great University in the city of New York, a distinguished author and professor, and on account of whose diagnosis the various operations were performed. His opinion was given unhesitatingly, after most careful examination; the operations were performed by the most distinguished surgeons in the most expert manner, and, in spite of these operations, the disease repeatedly returned, exactly as prophesied by the distinguished expert who had been consulted. An ex-surgeon of the United States army had pronounced the case hopeless, had pronounced further surgical interference utterly out of the question, and I was asked to give advice. My son, Dr. Paul Allen, repeatedly saw the case at her house and later at my office. She was suffering, as has been stated, with cerebral symptoms, threatening disorganisation of the brain, probably hæmorrhage, and it was recognised that the disorder was, in all probability, the result of a malignant disease, and no other opinion could be given except to concur in the opinion of the distinguished specialist in histology, *that as had been feared, it was the return of the malignant sarcoma.*

"Indeed, the last recurrence of the disease (on the arm) was even then apparent. The flesh of the forearm was swollen, infiltrated, the lymphatics angry and inflamed, and the glands of the axilla inflamed and painful, and, taken with the previous history of the case, left no doubt in my mind, or that of the preceding surgeon, of the malignant character of the growth, which had, for the third time, attacked and threatened her life. There only remained the advice which was given, and which, so far as I knew, or could at that time know, *could have no essential bearing upon the sarcoma.* My opinion was based upon the necessity of prescribing for the cerebral symptoms, and for the symptoms of the fever which had recurred. The symptoms were essentially these, that about 10 or 11 o'clock in the forenoon the fever would begin to rise, the distress in her head would increase (the temperature increasing to about 104°), associated with vertigo, loss of co-ordinated movements, increase of stupor, heat of the head, and entire absence of

thirst, to be followed about 12 to 1 o'clock by slow subsidence of the fever, so that by afternoon or evening she became greatly relieved, the fever would almost entirely disappear, and before nightfall she would be able to lie down in bed and sleep; but the attack would recur on the following day at about 10 or 11 o'clock. This recurrence had taken place so regularly that the only remedy necessary to prescribe with any hope of success was *Gelsemium*, which it was advised to administer in the sixth dilution in half a glass of water; so, accordingly, a powder was prepared, containing a few pellets medicated with the sixth centesimal dilution, and this powder was directed to be dissolved in half a glass of water and a teaspoonful taken every hour until the fever disappeared. Then to discontinue the remedy until the temperature should begin to rise next morning; then to resume the remedy and continue it throughout the next period. It was said at the time that though there was no hope held out, it seemed to be the only possible way of checking the periodical rise of temperature. The effect was as marvellous and unlooked for as could well be imagined. The next day the temperature did not rise above 101°, and on the third day the rise of temperature disappeared entirely and the patient felt well, and indeed, within a week she seemed to be entirely cured. Within two weeks after that time the lady herself came to my office and showed me the malignant growth on her arm, which was very much less angry, and which finally dried up and dropped off, leaving a smooth surface, which was the end of that. The lymphatic glands became less and less inflamed, the tenderness disappeared, dresses could be worn with comfort, and that was the end of those symptoms. The vertigo in the head disappeared with the fever, she lost her stupid look and actions, her appetite returned, and these symptoms entirely disappeared. Within a few weeks the lady was out driving, and after three years there has been no return of any of these symptoms, and she seems to have recovered so far that she feels perfectly safe in spending the winter on her estates in Cuba.

"All the medicine that was given her was half a dozen powders of *Gelsemium* in sixth dilution, as mentioned. No other medicine has during the space of three years been administered for any purpose whatever, nor does any medicine seem to be required.

"This, I think, is by far the most brilliant and most wonderful result of pure, straight, unmitigated Homœopathy that it has been my lot to witness. Instead of producing the slightest impression upon the mind of the celebrated Professor of Histology, I have been told that when the cure was brought home to him, and he was asked why the operations had

been advised, and what he thought of the result, his simple reply was that he thought, after all, he had made a mistake in diagnosis.

"So, in reply to the various inquiries which have been made as to what I consider the diagnosis, I can only say in the words of the distinguished expert, *written and treasured by the lady and her family*, that it was a case of malignant recurring sarcoma. I can make no other diagnosis. It does not matter really what the diagnosis was, something was the matter with her that, in the best judgment of the surgeons, required very extensive and very careful excision or extirpation of the lymphatics of the arm and both legs, and the disease continuing to recur and attacking the brain compelled an unfavourable prognosis. The cure was simply a homœopathic cure; it was based upon pure symptomatology, *Gelsemium* was the only possible remedy to prescribe, it was the only possible chance of life the lady had; no other system of treatment could have been possible. No other system of therapeutics would have cured the lady, and I myself am quite satisfied with the results of Homœopathy."

SECOND CASE—CANCER OF THE TONGUE.

"In the second case, that of a distinguished lawyer of this city, who was attacked by carcinoma, or possibly by epithelioma of the tongue, I wish to say that the gentleman referred to was a prominent lawyer, engaged to be married, and had been condemned either to death (or what to him was worse than death, mutilation and the loss of his tongue) by several of the most distinguished surgeons in this city. The case is not an obscure one; by his own distinguished position (made later even more distinguished by his political course in life), the surgeons equally distinguished, necessarily cautiously and hesitatingly urging the operation—removal of his tongue—as the only possible means of saving his life.

I may say that his case excited the widest and most pronounced interest among a large circle of acquaintances in this city, and when my advice was sought it was very hesitatingly given, namely, *not to submit to the operation*, for possibly I considered there might be a chance of arresting the progress of the epithelioma of the tongue by medicine, and I hesitated because the weight of distinguished authority was against me. However, my advice was taken, and even then, as may be imagined, I took charge of his case with great hesitation, feeling that if I did not succeed the man's life was at stake, but recognizing that if I could succeed, as I hoped to, his future happiness and success in life would be assured.

When first I saw the man and examined his tongue it

seemed as though through the centre of the swollen tongue a hole had been bored with elevated and indurated margins. At first I thought the case was syphilitic, possibly, but after the most rigorous investigation I came to the conclusion that there was no syphilitic taint in the man, as the events proved, and my prescription of *Phosphorus* was based partly on the fact that, associated with the most marked pharyngeal local indications, which it is unnecessary to detail here, but which can be found in any *Materia Medica*, he was suffering from a pronounced depression of mind, which, perhaps, was not unexpected in the case of a young man who had every prospect, not only of a brilliant partnership in business, but in life, but at the same time the symptoms of *Phosphorus* were very well marked, both from the physical and mental aspect. *Phosphorus* was prescribed in the sixth centesimal dilution in liquid. A few pellets were moistened with this solution, and the patient was instructed to take a pellet every four hours. Of course, I saw the man frequently—sometimes two or three times a day, but I never changed his remedy. It acted kindly from the very first day. The malignant look of the tumour slowly decreased, his general health and spirits and mental poise improved to such an extent that within a year he was able to get married, as he had proposed to do in case he improved, and has since entirely recovered.

"This case also was entirely cured by virtue of Homœopathy ; by virtue of a single remedy carefully and accurately prescribed, according to the symptoms local, mental and physical, which presented themselves. I may be pardoned in adding a word to the cases above recited.

"First: That the homœopathic cure based upon symptomatology, based upon the diagnostic talents of the highest order (for this man had the most expert consultants to be had in New York city) ought to carry some weight with it. I may be pardoned in referring to a case which attracted the attention of Professor James C. Wood, of Cleveland, and was referred to in his address to the American Institute of Homœopathy two years ago. That of the cure of a lady suffering from *progressive muscular atrophy* ; a case well vouched for from a diagnostic point of view, a case fully detailed by him, the method of treatment carefully illumined, and the method of selection of a remedy also carefully given. The case and the cure of it required an equally thorough investigation and careful prescription, and which, it seems to me, should be fully as convincing as either of these cases which I have detailed to you.

"Now, the ability to make such cures rests entirely upon the law of Homœopathy.

"Personally, I ask for nothing more. There is no system of medicine in the world that can make such cures. The history of medicine, so far as I can read it, offers no approach to Homœopathy in the method of cure. There is, to my mind, nothing beyond—certainly nothing since the days of Hippocrates, and as I study therapeutics my whole life comes to be more and more bent upon the investigation and the results offered to us by the *Materia Medica*, which has been left to us by Hahnemann to be perfected.

"It has been said that the Homœopathic School has been paying but little attention to the perfection of instruments of precision, to the investigation of pathology or to chemistry. The method of Hahnemann has done, at least, one thing which has not been accomplished by any body of men since the world began. It has investigated, and it has added to a *Materia Medica* such as the world has never seen, which is itself the crowning glory, and in comparison with which the rest of the investigations of all the physicians of all the schools of learning, and of all the scientific men in the world sink into insignificance."

METHYLATED SPIRIT DRUNKARDS.

METHYLATED spirit, as now allowed to be sold by the Inland Revenue, consists of about 88 per cent. of alcohol, 62 over proof, 10 per cent. of wood naphtha, and about 1 per cent. of petroleum oil. The addition of the mineral oil was expressly made with a view to prevent its being drunk, but spirit-drinkers soon discovered that by adding water to the spirit the petroleum oil was separated and could be removed. It generally retails, according to the *Lancet's* figures, at from 5d. to 6d. per pint, and, containing as it does twice as much alcohol as the best whisky, the drinker is enabled to procure the alcoholic equivalent of half a pint of whisky for three-halfpence. It is quite obvious, then, that the one thing needful in order to obtain an unlimited supply of alcohol for a few pence daily is to acquire a taste for the poisonous spirit, and this is apparently readily cultivated, especially by those who have long learned to seek in spirit a stimulant and not a bouquet. Takers of methylated spirit deny the habit with a persistency and an ingenuity which are only equalled by those of a cocaine maniac. They differ, too, from the mere drunkard in this, that but a small quantity can be taken at a time, and the effects pass away quickly—phenomena which have been already noted in the case of ether-drinkers. Unlike pure alcohols, methylated

spirit does not seem so prone to produce somnolence. The impossibility of early morning sleep and the craving for the spirit with the break of day are marked characteristics, but instead of being heavy, sodden, blear-eyed, stupid, and sick, the victims, even in the earliest morning, are bright, keen, intelligent, active, yet with a yearning for the spirit which might be described rather as a hunger than a thirst. A correspondent of the *Lancet* estimates that methylated spirit drinking is indulged in to the extent of probably 100,000 gallons per annum.

MEDICAL PROGRESS IN 1900.

REVIEWING the past year, the *Hospital* finds that of great medical inventions the closing year of the nineteenth century is sadly barren, and to Englishmen it is to be feared that, so far as its medical history is concerned, the year will be remembered for nothing so much as for a great catastrophe and a great disappointment—that we, a people who pride ourselves upon being pioneers in sanitary progress, should have allowed our army to be ravaged by fever, and should very nearly have allowed the fruits of our hard-won victories to be snatched from us, and all at the hands of that very disease our triumph over which in civil life is one of the constant boasts of English sanitarians.

STATE PROVINGS.

THE brave old days when a benevolent tyrant would behead a few subjects in order that a friend of anatomical tastes should observe the conduct of the divided vessels have passed away; but Mr. H. B. Passage, member of the Indiana House of Representatives, has introduced a measure before that body, seeking to enact that the death-penalty of his State shall be by means of morphine rather than by the common-place *sus: per coll.* The great Mikado, virtuous man, sought to make "each evil-liver a harmless river of innocent merriment." How much more sensible to make the manner of his taking off a stream of pathogenetic possibilities! Provers are proverbially pusillanimous; their rarity in these degenerate days, and the prejudices of law, prevent their efforts from reaching the highest point. But will Indiana solve the problem for us, and institute a form of prison labour with which the dread of competition will never interfere? Of

course, the use of other drugs than morphine (to be chosen by a State Committee of Toxicologists) would be only a question of time. Till this time come, however, our columns will remain open to provings conducted by the older methods.

HOMŒOPATHY UP TO DATE.

UNDER this title a representative of *The British & Colonial Druggist* gives an account of his visit to the establishment of a large firm of wholesale homœopathic chemists. Among other information, we are told that Messrs. — & — state that "in contradistinction to what we have heard from other houses, they find youths far more satisfactory as packers than girls; they take a little longer to teach, but their work is more reliable, and they turn out more of it. A whole army of them are employed in the duty of putting up the various preparations, the liquids are filled from large glass receptacles fitted with an ingenious filling apparatus, which allows the exact quantity necessary for each bottle to be accurately and rapidly measured. The pilules are filled from bottles, and are subsequently shaken down with a wooden "teaser"; the powders are weighed out and then folded with the utmost rapidity. The bottles are afterwards labelled and capsuled. Each lad has a counter to himself, and is responsible for his work from start to finish, and each package bears the distinguishing number of the packer."

We trust that neither "girls," "youths," or "lads" are employed by any firm engaged in homœopathic pharmacy for any other procedure of their business than the strictly mechanical one of packing. As we have more than once remarked, the wise man prefers to pay a price for his drugs which should ensure efficiency rather than economy in their selection and preparation. Though a mistake in homœopathic dispensing is not often followed by those lethal effects which are so often deplored by our brethren of the "heroic" dose, it is still of vital importance that the labels of our drugs should give an accurate statement of the bottle's contents. A human life may be sacrificed by an error of omission just as surely as by one of commission.

"CONSULTATIONS WITH HOMŒOPATHISTS."

"*Medicus writes*: Would you please to state the rule respecting a medical man meeting in surgical or medical cases a general practitioner who is, or states that he is, a homœopathic

practitioner. Is it correct for the medical man to meet the homœopath at all? Is it right for a surgeon to come in consultation and perform operations for him? I am not aware that there is a homœopathic consultant within any reasonable distance of the small town mentioned."

* * "It is not right for a medical man to meet practitioners who follow homœopathic lines in consultation. The tenets of homœopaths are founded on a *completely false conception of disease*; there is therefore no common ground upon which medical men can meet them for any discussion which would be of advantage to the patient.—ED. L.—*The Lancet*, March 9th."

The italics are our own, and we desire no further part in the paragraph.

AN OPEN MIND.

CHARLES H. Dietrich, the newly-elected Governor of Nebraska, in an interview for the "Omaha Bee," has expressed himself as follows:—"One thing I will say, for the benefit of the medical fraternity, and that is that I have decided to put one of the two hospitals for the incurable insane at Lincoln and Norfolk under the direction of the regular school of medicine and the other that of the homœopathic school. All I insist on is that the best representatives of each be subject to my choice for appointments as superintendents, so that we can have a fair test of the results of the two methods of treatment and that the competition will give the inmates the best possible care and attention."—*Medical Century*.

THE LEAF HOMŒOPATHIC COTTAGE HOSPITAL, EASTBOURNE.

WE have received the Thirteenth Annual Report, for 1900, of the above Institution.

The report is an eminently satisfactory one. The donations and subscriptions have both increased, and while the number of in-patients is the same as last year, *viz.*, eighty-one, the out-patients have increased from fifty-four to eighty-eight. There are four wards in the Hospital, containing eight beds and one cot. Only one death has to be recorded. Twenty-six operations have been successfully performed.

Another very interesting and important statement occurs in the Report, that is, that the demand for admission to this valuable little Hospital is so increasing that the Committee have resolved to make a strong effort to enlarge the premises. But

in place of simply adding to the present small building, which has many inconveniences, it has been considered desirable to build a new hospital. Some generous offers have already come in, and we have no doubt that the efforts of the Committee will be rewarded by success. Such a valuable Institution is well worthy of support, and a new building will be a credit and ornament to Eastbourne. The Honorary Physician and Surgeon are Dr. A. H. Croucher and Mr. Swanseger, with Mr. Dudley Wright, of London, as the Consulting Surgeon. We wish them every success in accomplishing their new scheme.

PHILLIPS' MEMORIAL HOSPITAL, BROMLEY.

THE Twelfth Annual Meeting of this useful institution was held at the Hospital on Thursday, February 28th, under the presidency of Mr. Alderman G. Wyatt Truscott, J.P., and was well attended.

A resolution of sorrow on the death of Queen Victoria having been passed, the President in moving the adoption of the report and balance sheet, said he was happy to assure them that the report was excellent in every respect except so far as it related to the assistance given to the hospital by the public of Bromley and the neighbourhood. The whole of the work, so far as the committee was concerned, had been excellently carried out, and the management from all points was satisfactory. But more funds were needed. The erection and opening of the new hospital were so recent that it would suffice now to say that the building was completed, and was answering entirely to the anticipation of those who had its management in hand. It was, indeed, fulfilling all expectations, and was pronounced to be one of the most perfect hospitals in existence at the present time. With regard to their old building, the committee hoped very shortly to be able to dispose of that, and the amount so realised it was hoped to fund, and to devote the income therefrom to the payment of the rent of the new leasehold site. Turning to the work of the hospital, that had been most satisfactory. The column bearing the greater number of figures was that headed "cured," which spoke volumes for the homœopathic treatment as administered at that hospital. The column containing the most figures next to "cured" was that of "improved" cases, while with regard to that column headed "died," he was glad to say there were only two figures in it.

During the year it had been decided to initiate a series of lectures in connection with the nursing department, and he

was sure the committee would wish him to express their thanks to Dr. Thomas for his able assistance in that direction. They had also the pleasure of recording that during the year another memorial bed had been founded, and that by a family which had ever taken a great interest in the hospital, namely, that of the late Mr. Duncanson, and it was a special pleasure to the committee, because this bed had been founded in memory of their late esteemed and respected chairman. With regard to the staff of the hospital, he would like particularly to mention the good work done by Miss Hyde in her position as matron. Turning to the question of income, the President said that so far as the expenditure was concerned, the amount spent in relation to the sum total of the good work done was ridiculously small. An immense amount of good had been done for a very little money. The income side, however, was not so satisfactory. He rather fancied that their neighbours considered that because they were a homœopathic hospital they should receive their contributions in homœopathic doses. (Laughter.) If, however, there was one particular in which they would like to go back to the old allopathic method, viz., large doses administered frequently, it was in the matter of subscriptions. They had a splendid building, which they wanted to use to its utmost capacity. They also wanted to clear off the debt on their building, but he desired more especially at that meeting to emphasize the need of more annual subscriptions, because if they were going to work that hospital on a solid and satisfactory basis they must have a regular income, the best and only way of obtaining which was by increasing the list of annual subscriptions. He would also appeal for wider assistance from the churches and chapels of the neighbourhood. In their efforts they were largely dependent upon the good offices of the Press, and while cordially thanking the Press for their past support, he would like it to be made as public as possible that they wanted an income of £1000 a year. (Applause.)

Mr. Wilson seconded, and the report and accounts were then passed unanimously.

Votes of thanks were passed to the committees, the medical staff and other officers, for which thanks were returned by Mr. Churchill, Dr. Wynne Thomas and Mr. Wyborne, the last named dwelling upon the necessity for purchasing the freehold of the hospital site and so extinguishing the ground rent of £80. The officers, both lay and medical, were unanimously re-elected.

The annual report shows that 93 in-patients have been treated, 912 visits have been paid to patients at their homes, and 1,524 attendances had been made by out-patients.

MEDICATION IN INSANITY.

THE question often arises as to the efficacy of medical treatment in insanity. When I say "medical treatment," I refer to drug action only. The impression has been long, and is now generally extant, that medication avails but little in directly controlling the hallucinations, delusions and other subjective symptoms, but that the morale, discipline and hygiene, with proper environments, is more markedly effective.

The power of drugs, used for their physiological action to restrain or control the acute and excitable cases, is admitted by all, and must enter to some extent into the armamentarium of hospital treatment of the insane, as restraint, either manual, mechanical or by drugs, is sometimes necessary to conserve the strength and protect the patient from himself, as well as to insure the safety of others.

Can we, as homœopaths, claim specific action for our drugs as applied to the insane? We can surely answer in the affirmative. Hahnemann definitely outlined the action of numerous remedies, and so clearly and concisely is the statement made of the value of aconite, belladonna, hyoscyamus, stramonium and other remedies of this class that there can be no question of his belief, and experience of their use and value. Some of his writings, or epigrams, as given in the *Organon*, are gems of their kind and well worth reiterating. He especially dwells upon the so-called diseases of the mind and temperament, thus: "The state of the patient's mind and temperament is often of most decisive importance in the homœopathic selection of remedies, since it is a distinct and peculiar symptom that should, least of all, escape the observation of the physician. What I have to say regarding the treatment of mental diseases may be expressed in a few words. Such diseases are to be treated like all others, and they are curable only by means of a remedy which is very similar to the disease, with regard to the morbid effects it is capable of producing upon the bodily and mental state of a healthy person. Most of the so-called diseases of the mind are in reality bodily diseases." In this statement he recognizes the physical basis of insanity. "Insanity, or madness, should be met at once by well-proven remedies, such as aconite, belladonna, stramonium, hyoscyamus, mercurius, etc., administered highly attenuated, in homœopathic doses," and so we might quote extensively, if time would allow.

But we, fortunately, do not have to go back to the days of Hahnemann for positive proof of the curative action of remedies in mental diseases, or at least as positive as follows the action of drugs in any other class of diseases. I shall

concisely refer to a few leading remedies which have demonstrated by clinical experience their value, and some of them very many times. Our prescription book shows that the number has reached upwards of 10,000 original prescriptions, to say nothing of renewals which are still more numerous. With such data and experience, we ought to be able to draw some conclusions of value.

The advantages of homœopathic treatment for the insane are numerous, and both theory and practice substantiate their claims for recognition.

First, their preparation is such as to facilitate their administration, as they can be frequently applied without knowledge of the patient, thus eliminating, to a certain extent, the force occasionally required in cases which are of a resistive type and resent all treatment, or who have hallucinations of poison in both food and medicine.

Secondly, the well-known tendency to permanent injury from the continuous use of large doses of any drug is avoided, also the masking of symptoms, both objective and subjective.

The dementia caused by the extended use of the bromides, trional and other drugs of a similar nature is no longer without recognition, and their use in large doses, except as a temporary expedient, as heretofore stated, should be avoided.

The statement has been made by one of long and large experience that delusions of poisoning are much less frequent and persistent in hospitals where homœopathic treatment prevails. I believe from personal observation that this is true, and have often noted the comparative infrequency of this delusion among those who have been but a short time under treatment.

Lastly, the digestive forces are less disturbed and brought more quickly into normal action than when burdened by the toxic and benumbing effects of large doses of opium, bromides, trional, etc.

Hygienic measures in the treatment of the insane are of great importance, and should be given a prominent place on the list of remedial agencies, and all measures that in any way conflict with the same should be scrupulously avoided.

To give a resumé of all the remedies in which the mental symptoms bear a prominent place would occupy too much time for a paper like this. I will, however, mention under a few nosological heads the remedies most frequently prescribed in our institution.

In MELANCHOLIA, arsenicum, actæa rac., mercurius, ignatia, nux vomica and sulphur are frequently prescribed, and many others as the cases seem to demand. The great physical

depression and functional inactivity usually present in melancholia point in a general way to a certain class of remedies and cause us to seek within their field the special indications. In simple melancholia without suicidal intent, *actea rac.* is of great value, and should be more frequently prescribed than it is. It is especially adapted to cases occurring at the menopause and in pregnant women, who have a miserable dejected feeling, great mental depression, with sleeplessness. Feels as if she would go crazy, fears death, and has a sensation as of a heavy black cloud settling down over the head, and weight in the precordial region. Is suspicious of everything and in a general inactive condition. When the rheumatic diathesis is present, especially affecting the muscular system, it will be more than ever indicated. Hale records cure with the first decimal, and Dunhan with the two-hundredth; thus we see if the remedy is properly selected, the potency is not of importance.

Arsenicum impels to self-destruction, as does *anacardium*. Has hallucinations of sight and hearing, of vermin and frightful objects, dread of impending death, and gloomy forebodings, with the physical conditions corresponding, namely, general emaciation, restlessness and a condition of *adynamia*. Our records will show numerous cases satisfactorily and successfully treated with *arsenicum*.

Aurum met. also has marked melancholia, thoughts of suicide, but not so prominent as in *arsenicum*. Has great mental depression and self-abnegation. It is most frequently indicated when the mucous, glandular and osseous systems are involved, also in post-syphilitic conditions. I will say, however, that it has not met my expectations and is not so frequently used as formerly.

Lilium tigrinum has fears of becoming insane, suicidal thoughts, religious forebodings, etc. The symptoms under this remedy are usually the result of an abnormal or diseased female sexual system.

Veratrum album has a wide range of action in mental diseases, melancholia being the leading indication. It covers, however, a long list of mental symptoms.

MANIA. In mania *belladonna* heads the list. Many cases of acute mania present almost a complete simillimum of *belladonna*. *Belladonna* has its chief centre of action in the cerebrum. The brain and its membranes are involved in active congestion and inflammation. The sensorium is prominently affected, giving rise to delirium, hallucinations and delirious mania, stupor or insomnia. The somatic activities are greatly disturbed and increased. In acute delirious mania these symptoms are acutely accentuated. *Belladonna*, therefore, becomes the most frequently prescribed remedy on the

list, for even in melancholia there are occasionally acute maniacal stages wherein it is indicated.

Hyoscyamus is next in order of usefulness and resembles in many ways *kali brom*. (This *kali*, by the way, is particularly effective in mania occurring from alcoholism, or the perpetual state, and is much more often useful from a homœopathic standpoint than any other.) *Hyoscyamus* holds a positive, well-defined position between *belladonna* and *stramonium*. It does not produce the intense cerebral hyperæmia of the former nor the great degree and variety of maniacal excitement of the latter. Loquaciousness, obscenity, foolish and hurried talk, illusions and hallucinations not unlike those of *stramonium*, are characteristic of this drug.

Stramonium. Probably no remedy presents such an array of marked and striking symptoms of illusions, hallucinations and delusions as *stramonium*. It was used in insanity long before the law of homœopathy was known, or before Hahnemann was born, but the aggravations from its use in too large doses were early recognized. These symptoms involve both sight and hearing, and are often in reference to all manner of living things and natural phenomena. Desires to escape, changes as to his corporeal being, incoherency, screams, laughter, disturbed rage, fear of death and all sorts of somatic symptoms are present. *Stramonium* also presents a most perfect picture of *hydrophobia*, for which it has long been used, with marked aggravations from light, bright things, and water.

Kali phosphoricum has a wide sphere of action on the brain, and its symptomatology covers many symptoms of mania as well as melancholia. It is especially indicated and successful in the young. Cases in which there are marked disturbances of the sympathetic nervous system make it doubly useful.

GENERAL PARESIS. Nothing can cure a confirmed general paretic. Something may be done in the early stages to retard its progress, control the mania and stay its irretrievable advance. There are two remedies worthy of special mention in this connection. First, alcohol. Dr. Talcott, of Middletown, especially advises its use in stuporous and besotted conditions so frequently present. He claims that he has seen marked relief from its use. Surely, the indications are characteristic.

Macrotine, the active principle of *actæa racemosa*, I recommend from personal experience. It is best applied in the earlier stages when the general weakness and tremulousness is appreciated by the patient. It differs, however, from *cannabis indica* or *coca* in which there is hyperstimulation of the imagination, or a sense of strength and physical vigour. The

last two remedies will often be of service. Cases due to syphilitic origin require specific treatment for the same. I have seen most marked results from the use of an attenuation of nitric acid when the preparations of mercury and potash have failed to give relief.

In this short and hasty review I have only intended to present a few of the leading remedies and their characteristics relating to the mental state. Every year makes us more confident of the value and efficiency of our weapons against disease, and it is a satisfaction to look over our prescription book, now in its eighth year, and see how infrequently narcotics, placebos or drugs for chemical restraint are resorted to.—*Dr. Campbell in the Pacific Coast Journal of Homœopathy.*

THE following cutting from the *Medical Century* follows Dr. Campbell's suggestions appropriately.

"The report of Dr. W. L. Ray on the Insane Asylum at Fulton, made to the Missouri Homœopathic Association, emphasized the fact that before the homœopaths assumed charge, property was greatly depreciated in the vicinity of the asylum, owing to the noise made by patients during all hours of the day and night. Each ward had its gallon bottle of hydrate of chloral solution and the nurses gave tablespoonful doses as regularly as medicines were given to sick patients, or food to the healthy. The noise and din was something awful and this was the method in vogue to ameliorate it. After the homœopaths assumed charge the bottles of chloral hydrate were thrown on the junk pile and the homœopathic remedy given when indicated, and not otherwise. Soon the noise subsided until the asylum has become one of the most noiseless spots in town. Accordingly, property has advanced in the vicinity of the asylum until it commands the best prices in the town."

RANUNCULUS IN PLEURODYNIA.

MR. M., aged thirty-seven, complains of a sharp pain in the right mammary region, which has been present for the last three months; he believes the pain to have resulted from exposure during cold, stormy weather.

Physical examination showed the patient to be well nourished, the respirations to be shallow, while the patient bends toward the affected side.

Percussion over the tender points is painful, while pressure brings relief, thus ruling out intercostal neuralgia where the points are painful upon pressure. There was no fever, cough, or friction sounds present, thus eliminating pleurisy.

On account of the history of the case, the fact that the trouble is aggravated from touch, motion, change of position, and weather, that the chest feels tight as if constricted, and the stitching character of the pains, ranunculus bulb. 3x was given and removed the trouble within ten days.—[*The Clinique*, January].

SILICA IN OCCIPITAL NEURALGIA.

MR. L., aged forty-five years, states that for the past ten years there has been a constant pain extending from the nape of the neck up behind the right ear; it is throbbing in character and is relieved by pressure and wrapping the head up, but returns at once when the wraps are removed. The tongue is coated white, but there are no other complaints apart from this pain. On account of the pain extending from the nape of the neck up to the vertex, that it was aggravated from draughts of air and uncovering the head, and relieved by pressure and wrapping up warmly, silica 200 was given; one dose each night for three nights and then sac. lac. to follow. The patient returned in two weeks saying that he was free from pain for the first time in ten years and wanted more medicine in case the pain returned.—[*Ibid.*]

CROCUS SATIVA IN HYSTERIA.

MRS. D., aged twenty-six years, complains of a lump rolling around in her abdomen; it has troubled her for a year and a half; she is subject to marked changes from hilarity to the greatest despondency. The appetite is good, but there is a bitter taste in the mouth on awakening. Menstruation is frequent and is attended with a great deal of pain; at this period there is marked tenderness in the uterine region.

Physical examination failed to show any lump and all the organs of the body were in a normal condition apart from the pelvic organs, which were hypersensitive, otherwise they were normal; crocus sat. 12x, and later the 30th potency, completely removed the sensation.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Mr. C. J. WILKINSON.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays and Saturdays, 2.0; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Disease of the Nervous System, Wednesdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Dental Cases, Wednesdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Wednesdays, 9 A.M.

Letters have been received from the following:—Dr. BLACKLEY (London); Dr. CROUCHER (Eastbourne); Dr. GOLDSBROUGH (London); Dr. HAYWARD (Birkenhead); Dr. JOHNSTONE (Richmond); Dr. McLACHLAN (Oxford); Mr. MOYSE (Windsor); Mr. WYBORN (London).

BOOKS RECEIVED.

Brain Surgery. By H. F. Biggar, M.D., LL.D., Cleveland, Ohio.
Various Verses. By William Tod Helmuth. Boericke & Tafel, 1901.
19th Annual Announcement of the Educational Department of the Hahnemann Hospital College of San Francisco. Annual Report of the Phillips' Memorial Hospital, Bromley. Annual Report of the Leaf Homœopathic Hospital, Eastbourne. London.—*The Chemist and Druggist*, March. *The Homœopathic World*, March. *The Vaccination Enquirer*, March. *The Temperance Critic*, March. *The Calcutta Journal of Medicine*, November. Hobart.—*The Tasmanian Homœopathic Journal*, February. Chicago.—*The Clinique*, February. New York.—*The Medical Century*, March. *The Homœopathic Eye, Ear and Throat Journal*, March. Philadelphia.—*The Hahnemannian Monthly*, February. Lancaster, Pa.—*The Homœopathic Envoy*, March. *The Homœopathic Recorder*, February. *The Minneapolis Homœopathic Magazine*, January. San Diego.—*The Pacific Coast Journal of Homœopathy*, February. St. Louis.—*The Medical Brief*, March. Paris.—*Révue Homœopathique Française*, February. *Le Mois Médico-Chirurgical*, March. *Leipziger Hom. Zeitschrift*, March. Rome.—*Revista Omotopica*, January and February. The Hague.—*Homœopathische Maandblatt*, March.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 39, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEATBY, 173, Haverstock Hill, N.W.; or to Mr. WILKINSON, 3, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

CONSULTATIONS BETWEEN HOMŒOPATHS AND ALLOPATHS.

ON reading the above heading, we fancy we hear it exclaimed, that enough has been said on this point before now, and that reverting to the subject is useless and unprofitable. It is taken for granted that matters must remain as they are, and that the less we trouble about the question the better for ourselves. Had we any annoying case of studied insult in refusal of a consultation to report, we would rather pass it by with silent contempt than notice it, and so keep up ill feeling between the two schools of medicine. But we have no such case to report, and our object in these remarks is to show how the old feeling on the part of the allopaths is gradually showing distinct symptoms of a tangible coming round to a more healthy and sensible way of looking at the question. In thus acting, which we have much pleasure in doing, we have no intention of raking up old scores. The history of the question is too well known, beginning with a positive refusal to meet in consultation even in a surgical case, on the grounds of fear of being boycotted by allopathic colleagues of the old school, or of being pilloried in the allopathic journals, or of connivance at what was at one time deemed knavery or folly, or both; and, when this latter ground was found to be untenable, the ignorant tyranny found a new excuse in our supposed voluntary

sectarianism. We were told that as long as we called ourselves homœopaths, or allowed ourselves to be so called, we adopted a sectarian attitude, which grieved to the heart the pure ethics of the old school, and rendered them helpless in the matter. That this was only an excuse—but an excuse must be had—to avoid the usually undignified attitude of “climbing down” was self-evident. But the excuse was adopted, and the tyrannical trades-union dictum was adhered to, that no consultations between members of the two schools was to be permitted, under pains and penalties of an unwritten law. Nothing that the homœopaths said in proof of their being non-sectarian, their wish to be quite otherwise, and in proof that the sectarianism really lay at the door of the old school, in driving us into a corner, and excluding us from all professional meetings of societies, all hospital and teaching appointments, and from any opportunity of stating our views in the old-school journals, had any effect. The excuse was badly wanted, and it served its purpose, which was the main point. We of the homœopathic school had but to take the matter calmly and quietly, and wait till a change of tone should become visible. This we were sure was bound to come in time. We had got used to our position, and, as a result, we had come so to rely on one another, that proposed consultations between ourselves and members of the old school were becoming quite a rare thing.

We have now physicians and surgeons so skilful in their separate departments, and so carrying with them the entire confidence of their colleagues, that practically a proposal on the part of a homœopath to have a consultation with an allopath is a thing of the past, except in some country place, where there is no surgical or medical homœopathic consultant within reasonable distance; or in a city where the friends of the patient wish to have the opinion of some allopath who has a name, or whom they know, for their own satisfaction. Whether it is that this independence on our part has had a salutary effect or not, and we are much inclined to think it has had this result, it is a pleasure to note a distinct change of tone on the part of the old school. As long as they thought we could not do without them in consultations, they felt we were in their power, and that they could exercise their sweet, ethical, and tyrannical will in

making things disagreeable for us. But, as lawyers say, "When the case is altered, it alters the case," and so when the tyrannical will becomes practically powerless from its not being "up-to-date," human nature automatically modifies itself, and begins to come round to new ways of seeing things. If we are correct in this surmise, it only shows how much we gain in the end in the way of respect and friendly treatment, and in the new way of interpreting "medical ethics," by maintaining a firm, determined, and independent attitude towards the old school. The more decidedly we act on these tactics, the better for ourselves from every point of view, and *vice versa*.

This change of tone on the part of the old school which we have alluded to is seen in the *Medical Press* of March 29th, 1899, and in the *British Medical Journal* of March 16th of this year.

The first passage (*Medical Press*) is as follows:

F.R.C.S. writes, "I have been asked by a homœopathic practitioner to arrange to meet him in consultation with a view to operating on a lady patient of his. What is the medical etiquette in such a case?"

The editorial reply is as follows. "The case being a surgical one we think that our correspondent would not be offending any ethical rule in acquiescing in the request, especially since the Royal College of Physicians (London), have refused to lay down any rule definitely deciding that it is unethical to meet a homœopath in consultation."

The second passage (*Brit. Med. Jour.*) is as follows, the editorial reply following the query of *MEDICUS*.

"*MEDICUS* writes to ask: Would you please to state the rule respecting an 'allopathic' doctor meeting in surgical or medical cases a general practitioner who is, or states he is, a homœopathic practitioner, in a neighbouring small town? Is it correct for the 'allopath' to meet the homœopath at all? Is it right for a surgeon believing in 'allopathy' to come in consultation and perform an operation for him? I am not aware that there is a homœopathic consultant in any reasonable distance of the small town mentioned."

"We do not think the term 'allopathic' correctly represents the doctrines of scientific medicine. The Medical Act affords complete protection to homœopathic

practitioners, and to those who co-operate with them from any penal action on the part of the General Medical Council or of the licensing bodies, so that there is no means of enforcing by legal measures such a rule as our correspondent suggests, even if it existed. It is felt by scientific physicians that the wide divergence of views as to the selection of remedies renders consultation with professing homœopaths futile, and it is, we believe, their general practice to decline it. Surgeons, on the other hand, do not hesitate to meet homœopaths in consultation, probably because their distinguishing doctrines do not extend to surgical means."

And immediately following the above, we find this:—"MEMBER. It is quite customary for operating surgeons to perform operations for homœopaths."

Let us see what this amounts to. It is that the old school now formally and authoritatively recognise the right of members of both schools to meet in consultation in *surgical* cases, if they choose to do so, and it now is a purely personal matter—a matter of personal friendly feeling, or the reverse—whether a consultation is held between an allopathic surgeon and a homœopathic physician, or general practitioner. There is no other bar to it, and this is just as it should be, and we are glad to recognise the, perhaps, tardy expressions of what ought never to have been made a question of medical "ethics."

As to *medical* consultations, that is in purely medical cases, the matter is naturally a more complex one. Where the two systems of treatment are so divergent, and each practitioner holds firmly to his own views, there can be no consultation proper, and such had better be avoided by homœopaths as well as allopaths. Such a meeting would be only, as the editor of the *B.M.J.* says, "futile," unless, as it sometimes happens, not on one side more than the other, one of the two consulting together, agrees to hold his own ideas of treatment in abeyance, and carry out the suggestions of his colleague. We have known cases of incurable disease, or of chronic illness, where no satisfactory progress is being made, and where the therapeutic resources of the attending practitioner seem to be exhausted, and where he has, for the sake of his patient, resolved to give his colleague's treatment a fair trial.

This is perfectly honourable on either side, and justifiable—indeed right—for the sake of the patient, and the patient's good must always be considered first and foremost. Here a consultation is of real service, and the patient has thus, without changing his trusted adviser, the advantage of seeing if the other school can do more for him. But we repeat that when either side will not yield, a consultation is futile, and will only engender friction. Again, there are many men in the old school now who are more than half homœopaths, and who quietly use homœopathic remedies prescribed in accordance with the homœopathic law of similars. These men are often pleased to meet an open homœopath, and usually approve of the treatment the patient is having, and in such cases a consultation is really of service. Hitherto such consultations have had to be held *sub rosa*, but now the great point conceded by the old school is the authoritative statement that such a consultation is perfectly correct and right from an "ethical" point of view. The editor of the *B.M.J.* puts this very clearly when he, after disposing of surgical consultations as right and proper, puts the difficulty of medical consultations entirely on the ground of opposing views of treatment, and their consequent futility, or, as the editor of the *Medical Press* pointedly puts it, that the College of Physicians has refused to lay down any rule that it is unethical to meet a homœopath in consultation, and that therefore there is no objection to such a consultation *per se*.

Both schools are now free to have consultations together, if they like, and if they think it can be of any use. This is the true way of looking at the question, and of corresponding action, and the futility or benefit of such a consultation must be left to the individual feeling of each practitioner and consultant. We are truly glad that the long-standing question has thus been settled in a common sense and large-minded way. Such understandings tend largely and steadily to lessen the time-honoured feeling of antagonism on the part of the old school towards homœopathy, and to bring about the friendly feeling which ought to exist between men who differ in nothing but their views of therapeutical treatment. To commence the new century with such a friendly *rapprochement* is very gratifying to record.

In cases, again, where the patient or his friends wish to have the opinion of a well-known consultant of the old school, not wanting any change of treatment, but merely for a confirmatory diagnosis, or for a diagnosis in a difficult case, the question is met at once by carrying out the principle of the surgical consultation, namely—that the case is not one involving a question of therapeutical treatment, and so in spite of divergent views on this point, there need be no clashing. The diagnosis and opinions are given, the former treatment is not disturbed, the patient and his friends are satisfied, and the attending practitioner is more confirmed in his patient's confidence, and in his own confidence in himself.

The whole question of these mutual consultations is a perfectly simple one, common-sense and ordinary professional feeling being a sure and complete guide to what is right and best for all concerned.

Before concluding, we may allude to the curious fact that a letter, almost word for word the same as in the *B.M.J.*, appeared in the *Lancet* of March 9th. The editor of the *Lancet* replies, "It is not right for a medical man to meet practitioners who follow homœopathic lines in consultation. *The tenets of homœopaths are founded on a completely false conception of disease* (the italics are ours), there is, therefore, no common ground upon which medical men (*sic*) can meet them for any discussion which would be of advantage to the patient." The tactics of the *Lancet* are well known of old, and we presume it knows its own *clientèle*, but the subscribers to the *Lancet* cannot feel, we should think, complimented at the editor's supposition that they will swallow such stuff as the sentence we have printed in italics. He is, of course, "playing to the gallery," but those of its readers who have seats in that exalted position in the house are more crassly ignorant or savour more of the *profanum vulgus* than we give them credit for, if they believe it. The editor cannot mean what he says, or, if he does, he is a unique specimen of an anachronism. On either supposition it is beneath us to argue with him, and we only regret to find such a discordant note—a dying thrust—so different from his literary colleagues, in tone, in feeling, in advice, and in large-mindedness.

DISEASES AND INJURIES OF CHILDREN.

By JOHN McLACHLAN, B.A. (Oxon.), M.D. (Edin.),
F.R.C.S. (Eng.).

A few weeks ago I had to treat a number of cases of a peculiarly obstinate form of *diarrhœa*, or perhaps *dysentery* would be the more applicable word—understanding by the term “dysentery,” “*frequent, and for the most part small, discharges from the rectum, of blood, or of mucus, or of both, with colic pains, tenesmus and fever.*” Clinically, I am not sure that the distinction between the two words, *diarrhœa versus dysentery*, is of much importance; however, that is by the way. So far as the general symptoms were concerned most of my cases were alike. They began with frequent, very watery stools of various colours, rapidly becoming green, with much slimy mucus, and in most of the cases a good deal of blood; accompanying these symptoms there was great prostration, thirst, elevation of temperature and considerable pain. It seemed, too, to be infective, for in one household alone it attacked, one after the other, twelve members—eight children, the mother and three servants. It would serve no useful purpose to go through each of these cases in detail, and I therefore single out one of the children, a little girl of about four years old, as the most instructive.

I.—DIARRHŒA.

She had the usual green, slimy and frequent stools, mixed with blood, together with great thirst, prostration, and, latterly, vomiting of everything she took. I put the case down as a probable example of the “gastro-intestinal” variety of influenza, and still believe that the whole of the cases were of the same character. During the first three or four days I tried various remedies which seemed to be “indicated” by the symptoms of the case, notably *merc. sol.*, *verat. alb.*, and *baptisia*. About this time vomiting began, and, further, the mother informed me that the stools were passed *involuntarily*, and not only so, but also *unnoticed* by the child, *i.e.*, the child did not know they had passed. This decided me to give *arsenicum*, which I did in the 8x potency (trituration). The first dose stopped the vomiting, and she had no more stools for eight hours, when she passed a very

copious, foul, black stool, accompanied with extreme prostration. (I have noticed this peculiarity in the action of arsenicum in the case of diarrhœa once before—the prompt stoppage of the diarrhœa followed in about eight hours by a discharge like the above.) From this time onwards the recovery was uninterrupted. But though the *arsen.* was so successful in this case, it totally failed in all the other eleven cases in this house with the exception of one child two years old, where the cure was prompt and complete.

I imagine that nine out of every ten readers of this paper will *think*, if not say in so many words, “What a fool! Why didn’t he try *arsen.* sooner?” It certainly was not that I did not think about it, for it was in my mind every day and all day. But, somehow or other, from reading, or rather misreading, the experience and teaching of the past (the “old brigade”) I had a rooted conviction that *arsen.* was not likely to be of great service in *green* diarrhœas. Now, so far as green, *watery* diarrhœas are concerned, this is probably correct, but it does not apply to green diarrhœas containing much *slime* or *mucus*, and which are further in all probability distinctly microbic in origin.

It might be useful at this stage to give a short review of a few of the medicines likely to be useful in *involuntary* diarrhœas. In this class *arsen.* is the one most frequently called for, and with this remedy the stool is both involuntary and *unnoticed*.

In phosphorus and phosphoric acid it is passed with a sensation as if wind were about to escape. Staphysagria is very like this also.

Veratrum has unnoticed evacuation *with the escape of wind*.

Nux moschata has the same symptom in typhoid fever.

Arnica has involuntary evacuations at *night* in sleep.

Belladonna, hyoscyamus and laurocerasus have involuntary stools, apparently from paralysis of the sphincter ani. Rhus tox. has a somewhat similar symptom.

In sulphur the stool escapes suddenly and without control; the patient has hardly time to leave the bed.

I believe that many of us—especially those generally regarded as “country” practitioners, among which class I am proud to regard myself as a humble member—are inclined to use our own, more particularly homœopathic,

preparations of arsenicum, and those of the opposite school (*diversa schola*) interchangeably, more especially Fowler's solution. This solution is made by *boiling* arsenious acid and carbonate of potassium in water, and Mitchell Bruce adds, "It is doubtful whether any decomposition occurs." If this be so, then the "liquor" is simply a *mixture* of arsenious acid and carbonate of potassium in water. Now the curious fact is that in the case above recorded I tried Fowler's solution before I used our own 3x trituration, and found it absolutely useless, for which reason I think it is very likely that decomposition *does* occur, and that what we are dealing with is really a solution of arsenite of potassium in excess of carbonate of potassium. But when we turn to the use of the liquor as a "cardiac tonic" or as a hæmatinic, the case is altogether different, and we have only to look at the pathogenesis and clinical history of our own kali carbonicum for at least *one* explanation of this difference, and to couple this with the further well-known physiological fact of the affinity of *potash* salts for muscle and for the red blood corpuscles.

In support of my contention that decomposition does very likely occur between arsenious acid and potassium carbonate, I may mention that Penot's method for the volumetric estimation of the "available" chlorine in bleaching powder depends upon this fact. A standard solution of potassium arsenite is first prepared, the only differences being that potassium *bicarbonate* is used instead of the carbonate, and further, that the solution is not boiled, but only *warmed gently*, because if boiled some of the bicarbonate would be transformed into the carbonate, and this is found to interfere seriously with the "end reaction"—between the iodine and starch which have to be used in a further stage of the same operation.

II.—BRONCHO-PNEUMONIA ("CAPILLARY BRONCHITIS").

One forenoon I was called to see a baby six weeks old. It had caught cold somehow or other, though it did not seem to be very ill, but the parents were anxious, having lost a child about a year and a half ago from a similar affection. Its nose was rather stuffy, and it had a slight occasional cough; nothing very definite could be discovered in the chest. Keeping in mind Dr. Hughes'

favourite remedy in "capillary bronchitis" and "broncho-pneumonia," and looking upon the latter as the worst that could happen in this particular case, though there were no definite symptoms as yet, I left phosphorus, for surely a medicine that will cure the fully-developed disease will in all probability prevent the disease from developing; on this depends the doctrine of prophylactic medicinal measures. About 11 p.m. on the following evening I was sent for in great haste as the child was said to be dying; and so far as one could judge it certainly seemed within a few hours of death. It was entirely unable to take nourishment, and its position was one indicative of extreme embarrassment of the respiratory movements, accompanied with the ominous in-drawing of the supra-clavicular fossæ, the lower ribs and epigastrium during inspiration. So far as my own opinion was concerned I looked upon the case as hopeless, but, nevertheless, I put about 10 drops of the wine of antimony into a wineglass of water and told them to wet its lips with this by means of a feather every fifteen or twenty minutes. Next morning the child was distinctly better, and the parents said that the first dose seemed to relieve the breathing, and the child was soon able to take a little nourishment. For some days the cough was very troublesome, but the recovery was rapid and complete.

It would seem that there are at least two distinct classes of cases of this nature, and, so far as I am concerned, I have most frequently met with the antimonium tartaricum class rather than with the phosphorus class, though I wish I knew how to distinguish the two in the *early stage*, i.e., before there is marked rattling of mucus, or the gradual disappearance of the cough without any decrease in the amount of mucus, both of which symptoms are markedly indicative of antim. tart., as are also drowsiness and the inability to suck for want of breath, the nose being at the same time unblocked.

I am quite ready to confess that my mode of using the above remedies—to give phos. first and then, as it did no good, to give antim. tart.—could hardly be called *scientific* prescribing. I hope some of our colleagues will tell us how to distinguish the indications for these two remedies in the *early stage*.

III.—PNEUMONIA.

One morning I was sent for to see a little girl about

six years old. She had been a little out of sorts for a day or two with symptoms of an ordinary cold; but there was no rise of temperature, nor could any signs indicative of commencing bronchitis or pneumonia be detected in the chest. She was playing with her books and toys in the usual manner. I left orders that she was to be kept in her room all day, but did not think it necessary to send her to bed. Quite suddenly towards evening she became very ill, breathing very rapid and short, frequent short cough, and a temperature above 104°; and at the base of right lung there was very distinct evidence of commencing inflammation. As was to be expected, she was delirious during the night. During the first thirty-six hours I tried, in various potencies, aconite, bryonia and phosphorus, but without any real improvement in the temperature or respiration, or in the symptoms of inflammation at the right base. I then noticed that the tongue, though thickly coated at the sides, had a *red stripe down the middle*, and on this indication I gave *Veratrum viride 2x*, made from the ordinary allopathic tincture, the only preparation I could readily procure at once. It was given in frequent doses, and by night she was wonderfully improved in every respect. A day or two afterwards she pleaded so hard to get up, and, as the lungs had cleared up fairly well, I allowed her; she stayed up too long, however, and next day there was a slight relapse, which *veratrum viride* again controlled. She had other two slight relapses because a nurse of the old Gamp type, who does her nursing by the light of Nature—which is usually *gross darkness*—gave her a bath without my orders, and again some days later gave her a dose of liquorice powder. There was another curious symptom which I ought to mention: As she was recovering from the primary attack (not the relapses), every morning between 5 and 6 she had what appeared to be a very sharp attack of “fever,” flushed face, restlessness and rapid respirations; at this time, too, the tongue showed a red triangle on the tip, and for these two reasons—the fever from 6 to 10 a.m. and the red triangle on the tip of the tongue—I gave her *rh. tox.* which at once put an end to this morning fever. Later she got a few doses of sulphur, and still later a few doses of *nux vomica* to overcome the vomiting caused by the “liquorice powder.” After that the recovery was

uninterrupted and complete. On looking back on this case one wonders whether it was not an example of the *intermittent pneumonia* which Grisolle writes about, but in the present case there did not seem any reason to suspect malarial infection. (*Vide Quain's "Dictionary of Medicine,"* vol. i, p. 1185.)

IV.—WHOOPING COUGH.

I was called to see a child (girl) seven years of age who was suffering from a well-developed attack of whooping cough. She had been suffering from this for about six weeks. She vomited all her food along with mouthfuls of thick, yellow mucus. She had a coughing spell every hour or so during both night and day, so that any comfortable sleep was out of the question. As there were no special indications I gave her *drosera 3x*, and asked her mother to note all the symptoms either before, during or after the coughing fits. I called again two days after my first visit, but there was no material improvement in any respect. The mother now told me that *during the cough* the child became very angry and would strike her (the mother) if she attempted to do anything for her during the fit. On the strength of this symptom I gave *arnica 200*, three or four globules in water, a dose to be given after every fit of coughing. The following night she was able to sleep, the cough scarcely troubling her at all, and next day the improvement was very well marked; she had only one or two slight fits of coughing but no more vomiting. From this date the recovery was rapid.

V.—SEPARATION OF THE LOWER EPIPHYSIS OF THE HUMERUS.

One afternoon about six weeks ago I was asked to see a little boy, six years of age, who had that afternoon "broken his arm." There is nothing remarkable in this case, only it will serve to impress one or two points which I regard as of extreme importance, though this class of case is perhaps somewhat foreign to the pages of the *Monthly Homœopathic Review*.

Whatever the trouble was in the present case, it was very evidently in the neighbourhood of the elbow-joint; and the most likely injuries to be looked for were:—

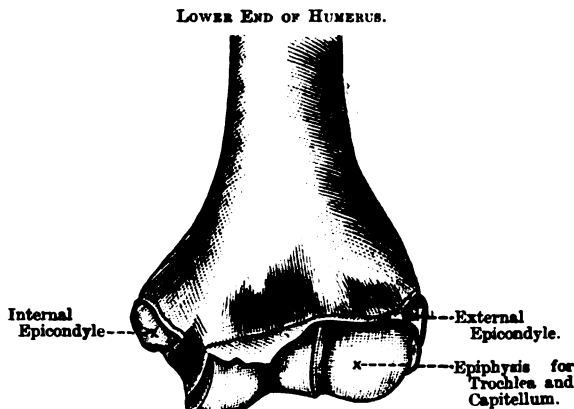
(1.) Separation of the epiphysis.

- (2.) Fracture of the humerus just above the condyles.
- (3.) Dislocation of both bones backwards.

The fact that the arm was hanging down limp and mobile was very strong presumptive evidence against a dislocation; moreover, the anterior projection caused by the lower end of the humerus was *above* the crease across the front of the elbow joint, and, as far as one could judge, the natural relation between the internal condyle of the humerus and the olecranon process was unaltered. All these points, therefore, were against the idea of dislocation of both bones backwards. On the other hand, the boy's age, the square truncated shape of the anterior projection, the absence of marked crepitus on handling, and the comparative freedom from pain as long as severe measures were not adopted during the process of investigation, all pointed to a separation of the lower epiphysis. Once or twice, too, one could *feel*, though not hear, a dull, indistinct crepitus. But with me it is a "canon" of surgery in all injuries of any serious importance or of a doubtful character in the neighbourhood of the elbow-joint to put the patient deeply under chloroform and examine the joint thoroughly from every point of view. When the boy was under chloroform in this case it was an easy matter, by slight extension and counter-extension, and gentle manipulation of the displaced parts, to make the arm assume its normal appearance, with perfect freedom of movement of the joint in all directions, both of the elbow-joint proper and of the radio-ulnar joint also. On reduction there was an obscure *feeling* of crepitation such as one might expect from cartilage-covered surfaces. The case was therefore one of *separation of the lower epiphysis of the humerus*.

I would next direct your attention to the epiphyses at the lower end of the humerus. The accompanying woodcut is a drawing from nature, taken from vol. i of a book I once wrote, entitled "*Applied Anatomy: Surgical, Medical and Operative*." "There are four centres of ossification, though three only are shown in the drawing, as those for the trochlea and capitellum have already joined together. All, save that for the internal condyle, unite with the shaft about sixteen or seventeen years of age. That for the internal condyle is the last to unite, union being complete about eighteen years of age. It is worth noticing that the epiphyseal line is wholly within

the capsule of the joint, with the exception, *perhaps*, of the epiphysis for the internal epicondyle." It is further



Complete union at 18 years of age.

to be observed that the epiphyseal line passes through the various *fossæ* at the end of the humerus—the olecranon behind and the coronoid and radial depressions in front. These points have a very important bearing on treatment.

Treatment.—Another "canon" of surgery in connection with the injury now before us is *early and frequent movement of the joint*. Begin two or three days after the injury, and for a week or ten days move it freely every second or third day; after that every day. The seat of the fracture can very easily be secured between the fingers and thumb of one hand while the other moves the forearm. As the injury is within the capsule of the joint and through the various *fossæ* already named, unless great care be taken, the result will be a stiff joint, and the danger of non-union is practically non-existent. No splints are required; having "set" the bones, the joint is bent to an acute angle. In this way the *triceps* behind acts as a posterior splint. A pad of cotton-wool is next placed over the lower end of the upper fragment to exert counter-pressure. The joint is then bandaged by successive divergent figures-of-eight to secure it in a position of acute flexion, and the whole limb carried in a sling with the forearm midway between pronation and

supination. As the joint, however, is pretty sure to fill with blood and serum, it is better not to bend it at too acute an angle in the first instance; this happened in the case under consideration, though one was always able to get it bent to an angle less than a right angle. In four weeks the recovery and use of the arm was practically complete, the arm being almost as straight as the other one, though a very slight feeling of stiffness is just perceptible at the extreme limits of flexion and extension. It was necessary to warn the parents that the arm might ultimately be a little shorter than the unbroken member from the destruction of the epiphyseal cartilage. Fortunately, however, the growth in length of the bone takes place mainly at the *upper* epiphysis.

Many surgeons advocate the use of jointed angular or L-shaped splints for injuries and fractures in the neighbourhood of the elbow-joint, but no method can equal in simplicity and effectiveness the one above described. If the ultimate end of the treatment is to secure a stiff elbow-joint, then, by all means, fix it at a right angle, but not otherwise. Further, *lateral* splints are objectionable, since in this class of injuries the displacement is in most cases *antero-posterior* and not *lateral*.

It is to be understood that the simple method I here advocate is applicable to all injuries in the neighbourhood of the elbow-joint *with the exception of fracture of the olecranon process*.

A MENTAL CASE.

By A. SPEIRS ALEXANDER, M.D., C.M.

Hon. Physician Devon and Cornwall Homœopathic Hospital.

A SEARCH through the pages of the *Monthly Homœopathic Review* for the last fifteen years having yielded only two clinical reports of cases of insanity¹—both by Dr. Craig, of Bedford—the following case may be worth recording.

On December 20th, 1900, Mrs. H., æt. 36, was admitted as a private patient to the Devon and Cornwall Homœopathic Hospital. The medical man (allopathic) who had attended her at her own house sent the following letter with her:—

¹ Vol. xxxiii, p. 591, and vol. xxxviii, p. 566.

Dear Sir,

The following details may be of use to you in the case of Mrs. H.

She came under observation about October 20, last, and was in the following condition:—She had become strange and irritable in a fortnight, and melancholic; there was a fine tremor of both hands and of tongue; knee-jerks both much increased, pupils very sluggish, and incontinence of urine; the speech was very slow, and in fact the speech of insular sclerosis. No nystagmus. No fever.

A week later, she was wasting in muscles of limbs, very excitable, with delusions, incontinence, irregular temperature, between 100 and 101·4°, constipation, some anæsthesia of both limbs, but normal reaction to surface heat and cold.

She has lain in this state ever since.

Dr.——— could not find anything with the ophthalmoscope. The urine has been normal, no albumen, no sugar. Irregular temperature, from normal to 101°.

Three weeks since, she had a rigor with temperature of 103° in axilla, and developed a loud pericardial rub, with pulse 128, but this disappeared in twenty-four hours.

The case is a complete enigma to me, and I should be glad of your opinion. Muscular wasting in interossei is marked.

Faithfully yours,

——— M.R.C.S., L.R.C.P.

P.S. No improvement on pot. iod. grs. x and mercury.

On admission to hospital, her condition was as follows:—Temp. 99°, pulse 100, respirations 18. Is quiet and depressed in appearance. Answers questions intelligently, but speech slow and hesitating. Lungs, heart and abdominal viscera apparently normal. There is slight effusion of fluid into capsule of left knee, which is stiff and painful. It measures 13 inches in circumference; right knee 12½ inches. Right knee-jerk somewhat exaggerated, but not left, owing probably to the effusion on that side. Plantar reflex normal. No ankle clonus. Patient appears much emaciated, and weighs only six stone. R. Sulph. 30, four hrs.

The gloomy, taciturn state on admission gave place to-wards evening to great excitement and restlessness, and

her true mental condition now became more manifest. Her delusions had reference, for the most part, to bodily injuries, imminent danger, or violent death suffered by herself or others, all resulting from some unknown power or cause. During the night she got out of bed and made for the window, because someone was burning her back, and the bed was sinking down into a lake situated under the house. From this time onwards, the delusions were of a similar character, though varying in kind and degree. She saw her children drowning in the sea, or they were being burnt. The house was burning, and people were calling out that it was on fire. The sea was washing up to the house, and would soon carry it away. People were constantly calling to her to come out of the house, and they were going to take her to prison for something she had done, but she could not tell what. Her head had been cut off, and now she had one on that belonged to someone else. She had no body, as it had been all cut up into little pieces, and her limbs were made of wood. She had not seen her husband lately, as he had been killed, and his head cut off. She also saw his face lying on the table at her bedside. Her children were burning and screaming to her for help. She constantly asserted that her own medical man (who visited her after admission) was not a man, but a shade that she could see floating in the air, and could sometimes hear singing; also that his body was wooden. At night a man's shadow came into her room, and called her by her christian name, and she could hear him talking to others about her. At times, there were several other people in the bed with her.

Such was the general character of the delusions for several weeks. Whenever questioned, she always reiterated the same ideas, and it was remarkable that, although they were all of so terrifying a nature, yet she did not appear the least disturbed by them, but spoke of them in a most matter-of-fact manner, with an apparently happy smile on her face, and altogether her aspect was beatific.

As in many cases of insanity, great difficulty was found in inducing her to take food, as she declared she did not require any. She would not take anything voluntarily, and therefore had to be fed. It was probably

in consequence of this that she had become so emaciated before admission.

Patient had not menstruated since early in the preceding October.

The urine was scanty, for some days after admission only about 18 ozs. being passed in twenty-four hours. There was no incontinence.

Sulphur 80 was given for the first two days, after which temperature fell to 98°, and pulse to 76. From this time on there was no return of pyrexia.

On 22nd December, as the knee was still swollen, and was somewhat painful, apis mel. 3x, four hrs. was prescribed. It appeared desirable to watch the mental condition for a few days, so as to obtain as characteristic a picture as possible, before instituting any special medical measures for its treatment. By the 25th, the state above described had become fairly well defined, varying from time to time between depression and excitement. Sleep was much broken, occurring in snatches, and averaging from four to six hours out of the twenty-four. Helleb. nig. 2x, four hrs. was now given, the general mental condition, together with the amenorrhœa, suggesting this drug. It did not, however, appear to exert any influence in either direction, but while patient was taking it the amount of urine very sensibly increased in quantity, rising at once to 40 ozs., and by the 28th to 55 ozs. The effusion in knee joint also gradually disappeared, together with the accompanying pain and stiffness.

The nights continued to be restless, with broken sleep at intervals, disturbed by many such fears as already recorded. There was much difficulty in getting her to eat; she never took any food voluntarily, and when it was placed in her mouth she often appeared to forget its presence, taking a long time to swallow it.

The prevailing terrors were active at times, while at others the mind seemed sluggish and lethargic, and again periods of depression alternated with a species of insane hilarity.

Helleb. was continued till 31st December, when the prescription was altered to zinc met. 12, four hrs., which was given for the ensuing week. During that time the mental condition remained unchanged. Food was taken a little better, and occasionally patient fed herself. On January 3rd, it was found that her weight had increased

to 6 stone 7lb. Sleep was still very fitful and unsatisfactory, only amounting to four or five hours in twenty-four.

On 6th January, during the night, she became violent, with screaming fits, and was with difficulty prevented from getting out of bed. Stram. 12 was therefore given, after which she soon calmed down, and became much quieter. She now began to sleep rather better, the total reaching seven hours. From 7th January onwards, it was no longer necessary to feed her, as thereafter she took her meals naturally. On the 8th she had a natural motion, for the first time since admission.

Urine averaged from 40 to 50 ozs. per diem.

All these points of physical improvement gave prospect of a corresponding mental amelioration, but still the delusions persisted. It was still a prominent feature in her case that, in spite of the character of her fancies, she evinced no alarm or distress in connection with them. She talked constantly of her own or her husband's mutilation or death with a smiling countenance, and even the imaginary danger of her children caused no apparent anxiety or regret.

January 13th. The extravagant type of patient's delusions, her hilarious tendency, her idea that there were several people in her bed—somewhat akin to that of double entity—now suggested the exhibition of cannabis indica, which was accordingly given in the sixth dilution.

A few days later, a slowly developing change for the better in the mental state set in. She began to appear a little less irrational at times, and by 24th January had evinced some interest in her surroundings, and talked to the nurses rationally on a variety of subjects. She also asked for her children, and shewed some interest in their welfare. Day by day these evidences of returning sanity increased, and she gradually ceased talking of her delusions. Still, whenever questioned on these subjects, she seemed convinced that her impressions were real. The physical improvement also continued. Sleep increased and was more undisturbed, the appetite improved, and on 6th February the period returned, after having been in abeyance for three months. Her weight had gone up to 7st. 12½lb.

After this patient began to occupy herself with needlework, reading a little, etc., and in proportion to the

measure of her interest in these things her delusions gradually became less marked, slowly fading from her mind and memory. When asked how it was she had so often stated that her husband had been killed, she replied that she never thought about that now. So with her other delusions. They all, by degrees, were forgotten, and gave place to the ordinary mental equilibrium. The last impression to give way, and in which she persisted for some time after the mind had cleared up on other subjects, was that her medical attendant was a shade floating in the air. This too finally passed away. On 20th February she was dismissed, perfectly restored to health, both physically and mentally. She has been seen repeatedly since then, and continues well in every respect.

REMARKS.

After the mental equilibrium had been re-established, the patient was questioned as to the events which immediately preceded her illness, with the view of ascertaining any possible cause for it. She stated that shortly before she fell ill she had seen from a window in her house, which overlooked the sea, a boy apparently drowning. Although he was eventually rescued, yet the occurrence was a great shock to her, and seemed to make a lasting impression on her mind.

It seems possible, or probable, that this incident may have given colour or direction to the delusions from which she afterwards suffered, but it does not explain—nor can any cause be discovered for—the physical derangement which ushered in her mental aberration, which may be fairly described as a monomania.

The latter has been classified by some alienists as monomania of pride and grandeur; monomania of unseen agencies; and monomania of suspicion. The foregoing case falls naturally into the second of these classes, the delusions being all of one character, namely—of bodily danger, injury or death, and incurred by means of some unknown cause or agency.

Where a definite cause for insanity can be discovered, such as prolonged anxiety or mental shock, the prognosis is said to be better than when none can be assigned.

In such cases, time, the removal of the cause, and a

favourable environment may do much to obliterate the mental impression received, and thus the patient may recover spontaneously. Be that as it may, and after making full allowance for nursing and the favourable surroundings in hospital, the chief interest in such a case lies, for the homœopathic artist, in the reproduction of the disease-picture by the drug-picture. In the case before us, the first drug which seemed to fulfil this requirement in *measure* was stramonium. When some of the well known characteristics of this drug, namely, violence and screaming, were the predominant symptoms, a rapid amelioration in those particulars followed its administration. It has not, however, in its pathogenesis, the same order of delusions as those exhibited by this patient, and therefore exerted no favourable influence in that direction. That part of the mental picture which it did reproduce, it appeared also to obliterate.

The remedy which seemed to clear up the remainder of the case was *cannabis indica*. It cannot be contended that this drug afforded any very graphic picture of the delusions before recorded, but it is the experience of most that it is not always necessary that a given case should correspond exactly to all the drug symptoms in the curative remedy, but that the latter should act in the same direction as that of the morbid manifestations. Such a principle seems to find an illustration in the present case, and especially in one particular, which may be regarded as a key-note. It will be remembered that in her delirium, the patient always dwelt on imaginary scenes of danger or death, as by drowning, by fire, etc.; and it seems more than probable that the stimulus which started her in this perverted channel of thought was the scene she witnessed from her window. Now from the testimony of, at least, one prover of *cannabis indica*, it would appear that one of its properties is to reproduce in an exaggerated or perverted form impressions received by the mind prior to its use. Thus in the *Cyclopædia of Drug Pathogenesis*, p. 722, we are told by a prover that "she stood aghast, and her rosy face expanded to size of balloon, and away she went like lightning, and I stood applauding in midst of 1,000 lamps, which I noted were all glow-worms, which I could touch, and they communicated to my fingers phosphorescent sparks, as if rubbed with matches (a few days before I had found glow-worms

in garden, and on handling them found my fingers tipped with dull phosphoric glow. This probably gave rise to illusion, in fact I afterwards traced many of my sensations to previous events. I almost believe illusions to be result of *abnormal memory*)." H.C.

PLYMOUTH, April, 1901. C.C.

MELANOTIC SARCOMA OF EYELID.

By E. LUCAS HUGHES, M.R.C.S. Eng., L.R.C.P. Lond.
Ophthalmic Surg. to the *Hahnemann Hosp.* and Dispensary, Liverpool.

Mrs. D., aged 52, was sent to the hospital by Dr. Simpson, of Waterloo, at the beginning of January last. She was believed to have an Angioma (? malignant) of the right upper eyelid. On examination a tumour, about the size of a kidney bean, was found in this situation, the skin being freely movable over it. It was easily defined, and appeared lobulated on external examination, any attempt to evert the lid causing pain. She had first noticed a lump about fifteen months ago, which she states reached its present size in the course of a few weeks. It very frequently bled but never at any time caused her much pain. She went to the Bootle Hospital, where she remained as an in-patient for several weeks on four different occasions, electrolysis, etc., being employed, but with little or no benefit. The doctors there wanted to remove it, but she would not submit to any operation. Since April she has been under Dr. Simpson, who treated her with hamamelis, and advised operation, finally persuading her to come up to the hospital.

On everting the lid (cocain having been injected hypodermically), the palpebral conjunctiva is found to be entirely infiltrated by the growth, which presents from this surface a fungoid appearance resembling a sarcoma, and bleeds freely. There is a small incised wound at the upper edge of the inner canthus, made, no doubt, when in the Bootle Hospital, with a view to relieving tension in the superior lachrymal passage. A very small portion of the growth was removed and examined; this portion, under the microscope, in part seemed inflammatory, and in other parts a fine connective tissue growth

with nothing conclusive of malignancy about it. Almost immediately following upon this examination a severe inflammatory condition of both tumour and eyeball supervened, and the growth evidently by rapidly increasing and pressing backwards was not only destroying, past all recovery, the eye, but there was grave danger of meningitis and also of sympathetic ophthalmia. The cornea had ulcerated and a large perforation developed just at the upper and inner margin close under the tumour. The eyeball was therefore promptly enucleated, and it was at the same time found possible to scoop away with a very sharp spoon the whole of the growth, practically taking away everything but the skin and muscular fibres of the orbicularis. The patient made a good recovery, was able to get up at the end of a fortnight, and left the hospital four weeks after the operation. The raw surface of the eyelid has healed in such a way as to become adherent to the stump and inner surface of the cavity; it has sunk in very much, so that it will of course be impossible to give her an artificial eye. As she will need spectacles for the other eye, this will not be so noticeable, and can be hidden by ground glass on that side. The tumour after removal was carefully examined again. Mr. Ernest Hawkes, the son of Dr. Hawkes, very kindly made some sections for me which, when stained and mounted, displayed under the microscope the unmistakable characteristics of melanotic sarcoma. These sections were doubly stained, and beautifully showed the pigment cells.

OUR ETHICAL RELATIONS TO MODERN QUACKERY.¹

By PEMBERTON DUDLEY, M.D.

A GENERATION or two ago it was common to hear intimations that the influence, and incidentally the usefulness, of the medical profession depended materially upon the maintenance of a certain degree of what was called "professional dignity." This phrase, indeed, was frequently upon the lips of medical practitioners, and

¹ Reprinted from the *North American Journal of Homoeopathy*.
Read before the Hahnemann Club of Philadelphia, June 12, 1900.

indicated the prevalence of a type and degree of professional self-respect of which they were intensely jealous. This sentiment affected every professional relation into which the physician entered and influenced his every-day conduct, and any evident lack of this practical self-respect, involving, as it did, a lack of respect for the profession, was sufficient to incur the sternest reprobation.

In no relation of professional life was the sense of professional dignity more keenly manifested than in its dealings with what was then denominated "quackery." The prescribing of secret nostrums was never indulged in by any physician who cared for the confidence of the medical profession, or indeed for that of the public either. The use of proprietary drugs was discountenanced with almost equal vehemence, and was practically limited to those products of the laboratory whose composition and mode of manufacture were generally understood. To advertise a proprietary drug in the newspapers or in circulars for general distribution, was to exclude it altogether from professional confidence and employment. Fulsome laudation of proprietary medicines in the advertising pages of medical journals was almost unknown. The advertising quack wrought in his own field, amidst uneducated—or educated—ignorance, and did not dream of calling in the aid of respectable practitioners to assist him in exploiting his wares, as does his present-day successor. Quackery had to make its own way in the world. Self-respecting physicians absolutely refused to touch it. There was, consequently, a sharp line of distinction drawn between the practice of reputable physicians and the field occupied by the nostrum and the proprietary drug, and the act of keeping secret the mode of manufacture or the composition of any medicine claimed to possess useful properties was denounced by all codes of medical ethics and held to be a crime against human life.

What a change has come over the spirit of this ethical dream! The best practical friend the quack has to-day is the practical physician. And his second best is the practical druggist. Meanwhile the quack thrusts one hand deep into the pockets of these his aiders and abettors, while the other is industriously *relieving*, in a peculiar sense, the dear, cheap public. A large

majority of present-day practitioners have no personal recollection of the old ethical *régime*, but to those who do have it the comparison with present conditions is disheartening and humiliating in the extreme. They perceive that, however medicine may boast of its advancement in certain directions, there are other lines along which it is steadily deteriorating, and the line of practical ethics is one of these. The writer has no patience with the spirit which would do away with a written code of professional ethics for the reason that its teachings are trite and common-place. It is the highest commendation of the code to say that its doctrines, and injunctions have become familiar as a by-word to the profession. It is precisely what they should be. Either the present code of ethics or a better one should constitute an obligatory portion of every medical practitioner's education, and his close adherence to its precepts should constitute an essential passport to professional respect.

The stratagem of the nostrum-promoter, though diplomatic, is exceedingly simple. He baits his hook with a "sample," accompanies it with a (more or less) learned, but brief, discourse on the physiological and chemical relationships of the drug, adds its "formula" and is ready for his victims. It is curious to note how the average doctor "bites" at almost anything in the shape of a medicine, provided only he is told its "formula." The method reminds one of the rat traps he used to set in his boyhood, after rubbing them inside with old cheese. And then the learned discourse on the "physiological relations" of the medicine is so irresistibly enticing—or would be if it were true, and the physician, unfortunately, doesn't know whether it is or not. Large numbers of these baits are distributed over the country, labelled as a "new pharmaceutical preparation," with the result that a number (larger or smaller) of physicians are induced to experiment with it on their unsuspecting patients. With the illogical and uncertain modes of clinical observation now in vogue, it would be strange indeed if the drug did not get the credit of sometimes relieving, or even of "curing." And now comes the interesting part of the quack's performance—the hauling in of the line with the Simple Simons at the end of it, each bringing in his "indorsement"—"I have used your

anti-omnibus in several cases and am greatly pleased with its operation. It affords prompt relief, with no after-effects. Should be glad to receive another package as per your published circular," the latter clause being interpreted to mean "free." The whole crafty scheme and its pathetic success are a tragi-comic reminder of Shakespeare's lines:

"Fish not with this melancholy bait,
For this fool gudgeon, this opinion."

This completes the initial stage of the scheme. The subsequent steps are easy. A second set of "samples" follows the first, together with "the literature"—how sonorous!—of the subject. This literature is made up of a more elaborate discourse on physiology and physiological chemistry and of "opinions of the profession"—Heaven save the mark!—and a number of more reputable—because rather more conservative and circumspect—physicians are caught on the same hook, and a correspondingly more reputable set of "opinions of the profession" is secured. The process is continued and repeated until the so-called leaders of professional thought are entrapped—the presidents of great medical societies, editors of influential journals, professors in high-grade colleges, leading physicians in large hospitals, and even the distinguished authors of authoritative textbooks—and the rank and file of the profession may be said to be at the feet of the shrewd and unscrupulous quack. The drug has been given a sort of quasi-standing and legitimacy by the endorsement of physicians of more or less repute, although it remains, as it begun, a quack medicine pure and simple, and its use by medical men is a public imposture and a professional degradation.

The end, however, is not yet reached. The quack now expects to enter upon the reward for which he has been preparing. If he has no further schemes of the kind to be promoted, the pretence that his wares are "for the profession only" is quickly dropped, and his advertisements burden the mails, are thrust under the doors of private dwellings, and are even employed by druggists to wrap up medicines honestly prescribed by honest physicians. The sales over the counter of the druggist and of the grocer are enormous; the physician is robbed of his fee by the quack whom he has befriended, the druggist misses seventy-five to ninety-five per cent. of his

profits, and the customer is usually cheated out of the benefit he might have obtained had not the other two guilty participants in the scheme of fraud rendered the swindle possible.

This debauchery of the profession by the quack has been going on for a score or more of years, and it goes on still. Spite of the lessons the profession might have learned in the past, the same bait catches the poor unsophisticated gudgeon every time. The artlessness of the medical dupe finds its only apt parallel in that of the typical farmer from "up the creek" in the hands of the typical bunco-steerer. Medical men are paying a handsome price for their folly; yet they go on in their folly still.

Recent developments indicate that a new stage is being entered upon in the evolution of advanced American quackery. This stage promises to turn over to the control of quacks the pharmacological interests of the medical organizations. The *Journal of the American Medical Association* for May 26, 1900, editorially says that those interested in proprietary and secret nostrums "are actively at work with the object of getting control of the section on Materia Medica, Pharmacy and Therapeutics of the American Medical Association, and to accomplish this they are sending circular letters broadcast. Those addressed are editors of certain medical journals whose support comes only from their advertising pages, drug journals, and physicians whose influence they are hoping to get. Well known secret nostrum houses of St. Louis and New York are especially energetic, and spare neither postage stamps nor telegraph tolls." The evidence of this latest attempt at professional debauchery has been made light of in certain quarters, but it has been sufficiently conclusive to convince the officials of the American Medical Association; and it at least shows the lengths to which modern quackery is prepared to go in carrying out its nefarious schemes. It shows also that there are those who believe it possible for quackery to take complete possession and control of the medical profession and to make it, even more than it is now, its subservient and pliable tool. If we are wise, we will at once admit the presence and imminence of this danger and set ourselves to guard public and professional interests and welfare against it. That modern quackery

will stop short of any conquest within its reach, or hesitate at any sacrifice of public welfare to gain its nefarious ends, is a proposition not worth considering. To prevent the conquest and avert the sacrifice is a duty that belongs first and mainly to the medical profession.

What method can be employed to remedy this evil which is so rapidly becoming intolerable? Any medical practitioner possessed of average intelligence should be abundantly able to perceive that professional honesty is immensely the best professional policy, and that for purely selfish reasons, if for no better ones, a return to the old sentiment of rugged self-respect would make physicians more influential, more useful and more prosperous, and would greatly enhance the health and welfare of our people. So long, however, as medical men can be found lacking in honesty to their patients, to their profession, and to themselves, so long will the quack be able to secure a physician's endorsement for the price of a sample, and fatten upon a fraud that he enjoys largely "by the grace of the medical profession."

The writer, after long and serious consideration, believes that opposition to the growing evil he has complained of can be made effective only by organisation. The corrective influence of physicians, acting as individuals, in opposition to such a system of professional debauchery must be contemptibly insignificant. But a widespread and determined association of practitioners could immediately make its influence felt and its power respected. It would not be necessary that the entire profession should be enlisted in the effort, or even a majority of it. A few thousands, perhaps a few hundreds, of our practitioners could wage a successful campaign and rapidly diminish the evil, and restore professional self-respect. There is little doubt that the retail druggists of our large cities and towns, who suffer from the evil as much as physicians do, would join in the organised crusade. A druggist would much rather compound a prescription at a profit of 50 cents or a dollar than sell a proprietary combination at a profit of five cents or less. The interests of the two professions in this matter are plainly identical, and their combined forces would be resistless.

We need yet one more national organisation — a Medico-Ethical Association — with State and local

branches or chapters, composed of physicians and pharmacists, its declared objects to be the promotion of sound principles of ethics in the two professions and the discussion of questions pertaining thereto. Its members should be pledged to discourage, as opportunity offered, all practices, all teachings, and all instrumentalities found to be in antagonism to ethical principles or to the by-laws of the association, and ultimately to withhold support and patronage from those who maintain or encourage them.

It is a project in which all "schools" of medical men could consistently unite, just as they are now united in the work of public sanitation. The increased prosperity that would surely follow would enable the practitioner to give larger support to his societies, his journals and his hospitals, and would enhance his ability to render the best possible service to his patients. Our duty, not alone to ourselves, but to our patients, our hospitals, our journals and our educational institutions, requires that we organise and maintain a Medico-Ethical Association.

The province of such an organisation would include a careful designation of what should be held to constitute medical quackery, and what should guide the physician in determining the question of his support or non-support of any given "medicine" in the drug market. It would also embrace the consideration of questions affecting the relations which societies, colleges, journals and the retail drug trade should sustain toward "unrecognised" articles and toward questionable methods of exploiting drugs. A difficult, though quite possible, task would be to so define the *legitimate and honest* relation of the manufacturing druggist as would secure him the benefit of his skill and his employment of large capital, guarantee to the retail druggist a reasonable profit on his sales and save him the necessity of carrying his present loads of worthless stock, annihilate the present system of counter prescribing, and of indiscriminate sales of drugs of proprietary character to whoever might choose to purchase them.

It will, perhaps, be urged that this is a proper subject for the consideration and action of the great medical organisations already existing. If these bodies could be induced to devote a considerable part of their time and energies to this work of reform, they could certainly

accomplish it in time. But we must remember that even if there are no members in these societies who would actually antagonise such a reformatory effort, there are very many whose indifference would seriously interfere with it in its feeble beginnings. It would be far better to enlist its enthusiastic advocates in an entirely new organisation.

REVIEWS.

The A.B.C. Manual of Materia Medica and Therapeutics. By G. Hardy Clark, M.D. Philadelphia: Boericke & Tafel, 1901, pp. 107. Price \$1.

THE Preface to this little work sets forth that "The physiological effects of drugs are divided into two classes, the non-toxic and the toxic, which are diametrically opposed to each other. Whatever may be the reasoning applied, it is generally admitted that the non-toxic doses of a drug are curative of diseased conditions similar to states induced by toxic doses of that drug." We could wish that this statement were true on this side of the Atlantic: as it is, we must regretfully regard it as a statement which changes its mind as well as its climate by a sea voyage. We are far from recognising any general adhesion to the truth of the law of similars over here. It is right enough to learn from your therapeutic enemy any little "tips" in the treatment of disease, but to recognise the principle by which he obtained them involves ceremonial defilement.

The system upon which Dr. Clark has compiled his *Manual* is to give firstly the name of the drug under consideration, and secondly, a paragraph under the title "Characteristics"; this latter contains the wider therapeutic indications. "Toxic effects" supply the third paragraph; "Dose," the fourth; while the therapeutic uses of the drug closes its method of presentation. It will be seen at once that the separation of the second and the last sections leaves room for repetition, a serious matter where the field of drug therapeutics is to be covered in a book of less than two hundred pages; nor do we note that the precision of the indications given in the section headed Therapeutic Uses is much greater than that under Characteristics. The paragraph devoted to Toxic Effects is not seldom wanting, and that, moreover, in the case of drugs where

sufficient material exists for its easy compilation. Taking the presentment of *æsculus hippocastanum* as an example; under Characteristics, we find "hæmorrhoids, large and dry, with aching in lumbar region." The Dose paragraph tells us to "use second or third decimal dilution internally, and ointment of the drug locally." The "Therapeutic Uses" are in "aching in the sacro-lumbar region. Must sit down to obtain relief. Large dry hæmorrhoids. Sense of fulness and dryness in the rectum. Rectum and anus inflamed and tender. Large hæmorrhoids with but little hæmorrhage." Here, though we have the rectal symptoms given in duplicate, we have no mention of the general depression and those symptoms of general portal congestion, which play an important part both in the condition of the sufferer from piles whom *æsculus* will relieve and in the pathogenetic material from provings of that drug. Still less are we given any mention of those pharyngeal symptoms which *æsculus* will both cause and cure. *Apis* is recommended for oedema of various localities, for erysipelas and for stinging pains in the ovaries, but no mention is made of its power to restore function to a labouring kidney in acute nephritis, or of its satisfactory action in synovitis. The virtues of *hepar* are described under the name *Calx sulphurata*, but no indications appear for its use in chronic congestion of the liver, in laryngitis, or in broncho-pneumonia. Among the therapeutic activities of *spongia* we find no mention of goitre.

Various Verses. By William Tod Helmuth. Philadelphia: Messrs. Boericke & Tafel, 1901. Pages 79. \$1.

It is no news to our readers that Dr. Tod Helmuth has a pretty pen and a lively fancy: His "*With the Pousse Café*" will be within the memory of many of them. His motto to the present very well-groomed volume states that a large book is a great evil, and the seventy-nine dainty pages contain nothing dull. We have had medical men who wrote poetry on this side of the Atlantic—Keats, Akenside and many another, but they have usually abstained from extracting copy from their professional experience. In the States, however, it is otherwise, as witness Dr. Tod Helmuth and Dr. Wendell Holmes. Many of the verses in this volume have a professional or professorial theme, and we catch ourselves envying our trans-Atlantic brethren a surgeon who can lay aside the scalpel and the artery forceps for the pen. The resulting odes, commencement pieces and metrical toasts must lighten the functions into which they enter.

In the ode delivered at the jubilee of the American Institute of Homœopathy, Dr. Helmuth writes :

"Wave thou the sacred Omphalos, and sing—
For Esculapius to-day is King."

We were not aware that a navel demonstration was part of the Æsculapian ritual. The omphalos was one of the artistic accompaniments of Apollo in his capacity as god of Delphi, the navel of the Greek earth. Perhaps it descended to his medical son as an anatomical expression.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE seventh meeting of the session 1900-1901 was held at the London Homœopathic Hospital, on Thursday, April 11th, 1901. Mr. Dudley Wright, F.R.C.S., president, in the chair.

SECTION OF SURGERY AND GYNÆCOLOGY.

Mr. Wynne Thomas (Bromley), read a paper on "*Intussusception: its etiology, diagnosis, and treatment*," illustrated by cases under the care of the author.

Mr. Wynne Thomas pointed out that very complete intussusception involves three layers of bowel, and each layer consists of the coats of the gut, namely, the serous, the muscular, and the mucous coats. The invagination may take place in any part of the intestine from the stomach to the anus. The *enteric variety* is confined to the smaller bowel; the *colic variety*, those limited to the larger bowel; the *ileo-cæcal varieties* may be sub-divided into *ileo-cæcal* and *ileo-colic*.

The *exciting cause* of intussusception in all cases is at present not known; a large number of cases occur in children in perfect health from no apparent cause. Diarrhœa, polypi, indigestible food, sudden, severe muscular exertions, violent coughing, and even massage of the abdomen have all been known to give rise to this condition.

The *immediate cause* of the invagination of the gut is not easy to explain, but there is no doubt that in some way it is due to irregular action in the muscular wall of the intestine, but the precise nature of the irregularity must at present be left an open question. Nothnagel has made some very interesting experiments on animals, and as a result has divided

them into two kinds, a *paralytic* and a *spasmodic*, the latter being the more frequent. He believes that the invagination is caused by the normal gut being drawn over the spasmodically contracted part rather than by that being mechanically exhausted into its sheath.

The *symptoms* which lead to the suspicion of intussusception are sudden onset of pain, of a colicky, paroxysmal character—state of action of the bowel, especially the appearance of blood—collapse, particularly in infants, tenesmus, local tenderness and tumours of abdomen or rectum.

Two cases treated by the writer of the paper within the last few months were referred to, one of which was in an infant of five months old, operated upon within eight hours of the onset of the symptoms with satisfactory results. The lesson of both cases cited was the absolute necessity of early diagnosis and operation within twelve hours of onset.

A discussion followed the reading of the paper, in which Mr. Wright (from the chair), Dr. Roberson Day, Mr. Knox Shaw, Drs. Burford and McNish took part, and Mr. Thomas replied.

DISEASES OF THE BREAST.

Mr. Knox Shaw then gave an interesting study of 153 cases of diseases of the breast which had all been under his own care in hospital or private practice.

Beginning with the simpler forms, three cases of hypertrophy of the breast were given, one of which was in a young man of nineteen.

Inflammatory affections and abscess accounted for thirteen cases, in only two of which was the condition associated with the puerperal state.

Attention was directed to the possibility of tubercle infecting the breast. In the case of abscess, emphasis was laid upon two points of the surgical treatment; first, on the importance of prophylactic measures; second, that when the abscess is formed it should be evacuated early under an anæsthetic, all pockets being laid open and the cavity freely drained.

In *chronic mastitis* great difficulty may be experienced in distinguishing between early simple induration and that caused by cancer invasion. In these cases examination with the flat hand is all-important, areas of induration resembling carcinoma felt on manipulation, disappear when the hand is laid flat on the breast, and in true chronic mastitis there is want of a circumscribed boundary.

Of innocent tumours of the breast, the fibro-glandular tumours, or fibro-adenomata, were chiefly referred to. They

appear in early maturity, grow slowly, are dense, lobulated and encapsuled. They may, however, undergo cystic degeneration from mucoid change or duct obstruction. In one case the tumour had been growing for twenty-three years and enlarged at the time of pregnancy. At the second confinement, having rapidly increased, it was removed, when the microscope showed it to be an adeno-fibroma which had undergone cystic degeneration in parts. Another case of fibro-adenoma was observed in a man. The left breast was tender and had an indurated nodular feeling. The condition was considered to be a chronic mastitis. The breast was amputated and the microscopical section was pronounced to be a fibro-adenoma undergoing myxomatous change in parts. The patient was quite well nine years later.

Benign growths do at times take on a malignant character. Two cases were quoted where scirrhus carcinoma developed in a fibro-adenoma. A small tumour in the right breast, of twenty-five years' growth, suddenly increased in size. It had all the characteristics of a fibro-adenoma except that the skin was slightly adherent. After removal, the microscope showed the tumour to be a scirrhus carcinoma.

The next group is that of cystic disease and cysts, arising independently of any neoplasm, in connection with which twenty-five cases had been noted, eleven of which were found to have a solitary cyst, but in some of them there was found as well intra-cystic growths.

A deeply seated tense cyst bears a great resemblance to a carcinoma. They scarcely ever, however, cause any dimpling of the skin. If exploration with a sterile hypodermic syringe is made and fluid withdrawn, the diagnosis is assured, and in some cases emptying the cyst seems to effect a cure.

Villous papillomata were placed by the writer under cysts and cystic diseases. The cysts, which may be solitary or multiple, contain a villous papilloma or an intra-cystic growth, an important diagnostic sign in these cases being an exudation of fluid, usually blood-stained or brownish in colour, from the nipple. Unless the disease be multiple it is not necessary to do more than to freely remove the cyst. When the disease, as small simple cysts or cysts with intra-cystic growths, is general, amputation of the breast becomes necessary.

Turning from the purely surgical treatment to the medical, three cases were given in which the tumour had entirely yielded to medical treatment.

More than half the number of cases under revision were found to be suffering from carcinoma, seventy-two of which were submitted to operation. The subsequent history of fifty-seven of these has been traced, the result being that

thirteen, or nearly twenty-five per cent., were well from three to thirteen years after the operation.

Mr. Knox Shaw's elaborate paper was discussed by Dr. Goldsbrough, Dr. McLachlan, Mr. Wynne Thomas, Mr. Johnstone, Dr. James Jones, Dr. Lambert, Mr. Wright (in the chair), and Mr. Knox Shaw briefly replied.

LIVERPOOL BRANCH.

FEBRUARY MEETING.

THIS was held in the Hahnemann Hospital, on the evening of Thursday, February 14th. The President, Dr. Gordon Smith, occupied the chair. There was a good attendance of members.

CASE shown by Dr. Murray Moore.

This patient, a man aged 68, suffered from very extensive emphysema of both lungs, with the result that the cardiac impulse was only to be felt and heard to the right of the xipho-sternum. The patient complained of great shortness of breath, aggravated by the slightest motion, and had suffered so for the past two years. There was a family history of phthisis.

The patient's pulse was intermittent irregularly, and varied from fifty to sixty beats per minute. Of the medicines prescribed since he had been under Dr. Moore, ammon. carb. 3, and stramonium ϕ , had afforded most, though but slight relief, and he is now taking iberis amara and cobaltum.

Dr. Cash Reed then read a paper entitled "A Contribution to the Etiology of Uterine Myomata."

In the subsequent discussion Dr. Hayle mentioned three cases of uterine myomata which he recently had under his care: He described the chief clinical features. He had not paid special attention hitherto to the state of the pulse tension met with in such cases. He had had no experience in the surgical treatment of the condition.

Dr. Whitaker remarked of the use of the expression "surgical treatment of fibroids" other procedures besides enucleation had to be considered, of which electrolysis, ligature of uterine arteries, and removal of adnexa were the most important.

Dr. Ellis, referring to the histogenesis of fibroids, doubted whether the high tension condition of the pulse had any causal relationship to the condition.

Dr. Murray Moore referred to Dr. Apostoli's treatment and enumerated the benefits derived from this method as follows.—

- I. Relief of pain from pressure.
- II. Checking of hæmorrhage ultimately, though temporarily it might increase it.

- III. Diminution in size of tumour.

Dr. Simpson regretted the domination of surgery over medicine as illustrated in the treatment of this condition. He believed in the use of the carefully selected remedy for the pre-existing state and also for the more prominent and later manifestations of the trouble.

A cordial vote of thanks was accorded to Dr. Reed for his paper, after which the proceedings terminated.

MARCH MEETING.

This, the sixth meeting of the session, was held in the Hahnemann Hospital, on Thursday, March 14th, under the presidency of Dr. Gordon Smith.

A paper upon "Carcinomatous Growths of the Alimentary System," was read by Dr. A. E. Hawkes. In illustration of the remarks made in the paper, several very interesting cases were exhibited. In one, a female, æt. 38, colotomy (left inguinal) had been most successfully done for the relief of carcinoma of the rectum. Since the operation great relief had been experienced from the rectal trouble, and the function of natural defæcation had been restored, and was carried on without any discomfort to the patient. A second patient, a man, an in-patient of the Hahnemann Hospital, presented symptoms pointing to malignant stricture situated low down in the œsophagus. He was extremely emaciated, as for some weeks he had experienced extreme dysphagia. For the last few days he had required to be fed by the stomach tube.

In his paper Dr. Hawkes gave full particulars as to these and other clinical examples of malignant disease. The paper was exceedingly interesting, and the value of it was greatly enhanced by the exhibition of both macroscopic and microscopic specimens of several of the cases recorded.

For the microscopic preparations the Society were indebted to Dr. Ernest Hawkes.

After a short discussion a vote of thanks to Dr. Hawkes terminated the proceedings.

Dr. Cash Reed thought Dr. Hawkes was to be congratulated on the result of his operation for partial extirpation of the rectum, for so far as it was concerned the sequel was quite satisfactory. The reference to healing by granulation reminded him that this had been the recognised custom not long ago. The mortality of Dr. Hawkes' operation was, in the hands of the most experienced operators, 15%. Reference had been made to the signs and symptoms of rectal cancer, and he

regarded one characteristic of the alvine discharges as the most significant. With the mucus and blood usually present, a "broken up" motion was most characteristic. As to the conditions most likely to be mistaken for cancer of the rectum, chiefly in view of the narrowing of the gut, he thought a gummatous infiltration the most likely. He mentioned a case seen some years ago in consultation with Dr. Cash, of Torquay, in which the chief local trouble complained of was intense pruritus. On examining under an anæsthetic the finger entered that which gave the impression of an almost rigid indiarubber tube. The rigidity was so marked that it was almost impossible, even with very great force, to separate the thumbs when the latter were introduced.

He mentioned the case also of a lady with probable carcinoma of rectum, in which the history pointed to a sacculation above the obstruction. It appeared that in August, two years ago, this patient partook very freely of strawberries. She took none afterwards until the following September year; during these thirteen months diarrhoea, with "broken up" motions, blood and mucus existed. On his advice the patient now took an aperient with the result that an extraordinary quantity of strawberry "seeds" were expelled. A few of these were sent to the Clinical Research Association, which declared them to be what he described. This would have appeared almost a romance unless the facts were known perfectly to him. These seeds had been retained above the stricture for thirteen months. It is but fair, however, to say that the patient also had a uterine fibroid of medium size, and this may, and probably did, exercise further pressure upon the lumen of the great intestine.

It had often struck the speaker that people suffering from cancer of rectum looked remarkably well considering the serious nature of the disease which existed, and in point of fact, except for the local condition, were remarkably well. This fact often had been noted and remarked by others. He mentioned the case of a policeman who continued on his rounds for something like three years with this disease present. The last two facts seemed to point to what he believed was increasingly recognised, *viz.*: that cancer was essentially a *local* disease.

NOTABILIA.

ARSENICAL POISONING.

THE following interesting account of skin symptoms observed in the present epidemic of poisoning by arsenic from

contaminated beer in and around Manchester was contributed to the *British Medical Journal* for January 5th, by Dr. Barendt.

"The skin affections naturally fall into two classes, those resulting from a sudden debauch and those due to the daily and not immoderate use of the poisoned beer.

CLASS I.

A typical case in which the patient, previously teetotal for several months, consumed between 30 and 40 pints in three days, presented the following condition some two days after the bout of drinking.

The face was swollen, dusky red, eyes suffused, the pinnæ and skin very itchy and covered with fine furfuraceous desquamation. The margins of both pinnæ showed well-marked scratch lesions, and the patient complained of general pruritus. The integument of the limbs was tingling and the seat of formication; here and there distinct effects of scratching were noticeable. The hands and feet were painful, and in some cases a red condition of the digital extremities—erythromelalgia—was present.

CLASS II.

This class includes the great majority of the patients, and the condition of the integument is, it may be said, typical of the outbreak, and also pathognomonic of this form of arsenic poisoning.

The face is dusky red, and the complexion modified by shades of burnt umber, depending upon the amount of, and the period of cessation from, the implicated beer.

The integument is strikingly pigmented. This is best appreciated when the patient is viewed from a distance. The pigment is like burnt umber, most intense in those regions naturally pigmented, passing into lighter shades of colour elsewhere. In some cases the skin presented a stippled condition, as if the burnt umber had been painted on like a close mesh enclosing islets of white skin, split pea in size. It is also well marked where the covered and uncovered skin meet, and over the sites of garment pressure, the flexures and internal aspect of the limbs.

Thus the neck, especially the site of the neck-band, was deeply pigmented. The axillæ, the inner aspect of arms, and cubital flexures showed the discolouration to a marked degree. Frequently the episternal region and the upper half of the intermammary furrow and region were less pigmented, owing doubtless to the fact that the women habitually wore their dress open. The areolæ and circumjacent integument were

much darker than normal; in fact, in some cases the skin here resembled that of a mulatto. The flanks showed slighter discolouration, which, however, gave place to intense bronzing as the abdominal and inguinal regions were approached.

The abdomen, and in women the site of the waist pressure, were deeply bronzed. The lineæ albicantes were plainly visible through the discolouration. The inner aspect of the thighs (femina), especially the upper two-thirds, was much altered in colour, the lower third less so; the hams were much pigmented. Apparently the legs in the men were more bronzed than those of the women; the exposure to daylight accounts for this difference. The posterior aspect of the trunk was less pigmented than the anterior. The discolouration was appreciated least in the interscapular and infra-scapular regions, and became intensified towards the axillæ, gluteal, and inguinal regions. Generally speaking the flanks and extensor aspect of the body were much less pigmented than the flexor.

The pigmentation of the skin comes out in vivid contrast when placed in juxtaposition with a patient of the same natural complexion; and fair patients suffered less than swarthy ones.

In the course of a few days desquamation becomes increasingly manifest, and then the condition of the skin resembles that seen after chrysarobin dermatitis, the red colour of the latter being replaced by the burnt umber colour of the former.

Itching was not a prominent symptom in this class of case. Intelligent patients remarked on their discolouration some time before they sought advice for the neural symptoms.

The interpretation of the pigmentation is important, and there is no doubt that many cases have been diagnosed wrongly, as (1) *Morbus Addisonii* or (2) *Morbus reorum*, attributed to phtheiriasis, absence of cleanliness, stress, and strain of existence.

(1.) *Morbus Addisonii*.—With respect to the first, no pigmentation of the various mucosæ was observed, and the rosa of the lips showed no discolouration. Moreover, the eyelids were not areolated in pigment, and although the pigmentation was diffused all over the body, certain regions were intensely discoloured. Again, the pigmentation was rarely unaccompanied in some regions by desquamation, and the subjacent epidermis was distinctly lighter and devoid of pigment in comparison. Lastly, the absence of other features of Addison's disease would be noted.

(2.) *Morbus reorum* (vagabonds' disease) is typified by considerable pigmentation. The distribution of the

pigmentation, accompanied as it is with scratch lesions due to phtheiriasis, is different. It is most marked in the nuchæ, the interscapular and infrascapular regions, the upper half of the chest, and extensor aspect of the limbs, in marked contrast to that which obtains in all these cases. The general condition of the skin, the *misère* of the patient, and the precarious existence will readily clinch the diagnosis.

Of other disturbances, hyperidrosis, zona, and eczema arsenicale occurred. The latter attacked the palms and soles, and in a typical case they looked as if a dusting powder had been rubbed into the furrows and creases of the skin. The furfuraceous desquamation gradually disappeared, remaining longest in the palmar and plantar grooves.

In conclusion, the most characteristic skin disturbance is the pigmentation, and, as far as my experience goes, it is unlike any other form that has been recorded. Arsenical pigmentation is not infrequent after administration in psoriasis, but the sites of this disease determine those of the pigmentation which has never assumed the distribution and type met with in these cases caused by arsenical contamination of beer, except after prolonged administration of the drug."

AN ACCOUNT OF THE CONDITION OF THE NERVOUS SYSTEM

was contributed by Dr. W. B. WARRINGTON, to the same Journal.

"Of the cases at present under observation, it may be said that those which show the most marked symptoms indicative of arsenic poisoning present the least evidence of well-defined neuritis. Several cases have been noticed in which pigmentation was excessive and conjunctivitis marked, but in which even the slight sensory symptoms suggestive of a neuritis could not be found.

It is, however, to this class of case that we must look for any distinguishing signs between an arsenical neuritis and that due to alcohol. There have been under observation other cases presenting the manifestations of arsenic poisoning, and having, also, evidence of profound neuritis with marked palsies, but in none of these cases could excess of alcohol be excluded.

Considering, then, the symptoms in those from whose history it may fairly be assumed that they have been only moderate takers of beer and stout, we find sensory disorders brought obtrusively into notice. These are:

(1.) *Numbness and tingling* comes on rapidly in both hands and feet. In some cases all the patient complained of was

pain of a scalding or burning character in the soles of the feet, which caused a dread of attempting to walk.

(2,) *Pain*, often most acute on pressing the soles of the feet, especially at the heel, ball of great and little toe. In nearly all cases the pain on moving the joints was excessive, and equally so on pressing the muscles; this latter symptom was also noted in a number of cases in the forearm muscles.

(3,) *Erythromelalgia*.—Several cases presented a red, flushed appearance of the sole, especially at the great toe and heel, rarely spreading on to the dorsum of the foot and associated with pain, but the swelling which, when associated with pain and redness, is described as typical of the condition has only been seen in one case.

(4,) *Sensation*.—In no cases could distinct objective impairment of sensation be found.

(5,) *Knee-jerks*.—In these early cases the knee-jerk was often present and perhaps unusually brisk.

(6,) *Ataxia*.—This has not been noted in our cases, in the absence of palsies the difficulty in maintaining the equilibrium has usually been attributed by us to the painful condition of the feet. There has always been the ability to describe passive movements of joints.

In the more advanced cases these types of sensory symptoms predominate, hyperæsthesiæ being most pronounced. The motor symptoms did not present any appearances that we are not accustomed to see in the neuritis of alcohol, and in none of the cases in which mental alteration was present could this latter poison be excluded. In no cases were the cranial nerves, the intercostals, or phrenics affected."

In interesting relation to the skin pathogenesis of arsenic there is an article by Messrs. Knecht and Dearden (*The Lancet*, March 23). These gentlemen have proved that the hair of the healthy human being contains normally a very small amount of arsenic, an amount so small, indeed, that it is inestimable even by the precise modern methods of chemical analysis in as much as one gramme of hair. In a patient who was taking the drug medicinally (dose and time not stated), 0.3 parts of arsenic were found in 10,000 parts of hair. The same proportion was found in the hair of one patient, the subject of arsenical beer poisoning; another patient similarly afflicted showed as much as 1 part in 10,000. Arsenic has also been detected chemically in a scab from an arsenical eruption: it can be demonstrated under the microscope after treating the hair with an ammonia-copper solution which contains an excess of precipitated copper oxide; small green particles of copper arsenite are visible in the hair medulla with a one-sixth inch objective.

These results confirm the idea that the skin and its appendages share with the liver and the kidneys the task of eliminating arsenic from the body, and they go far to explain the arsenical symptoms concerning the skin, hair and nails.

POISONING BY AGARICUS.

The Medical Press and Circular gives an account (April 3) of eleven cases of poisoning by *agaricus tormentosus*, as reported by Dr. Goldman of Vienna: the subjects being three children, six men and two women. "All of them suffered from severe gastro-enteritis. The action of the fungi had all the appearance of agaricus poisoning. The first symptoms were general malaise, ringing in the ears, a general compressed feeling, great burning in the stomach and bowels, thirst, vomiting, diarrhoea with choleraic stools, cramp in legs, general weakness, mydriasis with reflex of the pupils intact, anuria, coma, Cheyne-Stokes' breathing, thready pulse, irregular cardiac action, and death.

"In every one of the cases perspiration was arrested, while great quantities of indican were present in the urine. The *post-mortem* examination confirmed this desiccated condition of the surface, as the serous external coverings, bowels and mucous membranes were all quite dry. The bowel was much reddened and in many places covered with petechiæ, or *état mameilloné*, while the heart, liver and kidneys were undergoing fatty degeneration. The treatment consisted of administering tannin in some cases, in others atropine, but without any decided success."

POISONING BY CARBOLIC ACID THROUGH THE UNBROKEN SKIN.

In our last issue (p. 236) we gave a note on the unfavourable local effects which sometimes follow the continuous application of even weak solutions of carbolic acid to superficial wounds. The following is the account of a case in which compresses of the same diluted acid, applied for antisepsis to the unbroken skin before operation, were followed in less than eight hours by severe symptoms of general carbolic intoxication. This case, with reference to three other similar cases, is published in *The Lancet* (April 6, 1901).

"A girl, aged four years, was admitted into the Stanley Hospital, Liverpool, under the care of Mr. Douglas-Crawford, on September 8th, 1899, suffering from severe double genu valgum. She was a well-grown child with thin delicate skin, was somewhat poorly nourished, and was of a rather nervous disposition. On the 13th it was proposed to perform Macewen's osteotomy on both legs. At 6 a.m. compresses of carbolic lotion (1 in 40) were applied to both legs, reaching from above the ankle to about the middle of the thigh. At 10 a.m. these were removed, the child had a bath, and the legs were scrubbed with oil of turpentine. At about 10.50 a.m. compresses of the same strength were reapplied. At 11 a.m. the child was apparently quite well and had some milk to drink. At 11.30 a.m. Dr. Henderson visited the patient with the object of fitting suitable splints for use after the operation. The child was then asleep. She was turned on to one side while the splints were being fitted, but during the manipulation she did not wake up. It was observed that she looked rather pale and that the limbs were somewhat limp, but Dr. Henderson regarded her at the time as enjoying a very sound sleep and did not allow her to be awakened. At 1.30 p.m. he sent for the patient to be taken down to the theatre and was then informed that the child looked very ill and could not be awakened. He found that the patient was almost completely comatose, but on sharp stimulation, as by pinching or rubbing the ribs with the knuckle, she would respond slightly by raising the arms or turning the head. The skin was ghastly pale, cold, and clammy. There was marked muscular relaxation, the limbs dropping quite limp when lifted. The knee-jerks were absent. On touching the cornea there was a very slight response of the lids. The pupils were normal in size or slightly dilated, equal, and reacted well to light. The lids were not quite closed and were subject to a slight spasmodic winking movement. The temperature could not be got in the axilla, the mercury refusing to rise, but in the rectum 98.6°F. were registered. The pulse ranged from 170 to 180 and was small, but at this time it was quite countable at the wrist. The heart-sounds were clear and nothing abnormal was noted. The position of the apex-beat was not definitely localised. The respirations numbered 36 per minute and were deep and regular, but there was no stertor. At 2 p.m. the child was in practically the same condition except that the pulse was running at 180 or more and could not be distinctly counted at the wrist. Dr. Henderson was at first much puzzled as to the cause of those symptoms. The urine had been examined in the morning and found to be normal. The heart and lungs were normal, and the child had had nothing to

eat or to drink for hours. It then occurred to him that the carbolic dressings might be the cause. These were at once removed and the legs were well washed. A specimen of urine which was drawn off by the catheter was of a light-greenish colour and of specific gravity 1022, and contained no albumin or sugar. Brandy was administered, hot bottles were applied, and a dose of the hospital white mixture (magnes. sulph. and carb. with peppermint water) was given. At 2.45 p.m. the pulse was rather worse, being hardly perceptible at the wrist; the coma was, however, somewhat less profound. The patient would open her eyes widely if sharply stimulated. Brandy and white mixture were again given. At 4.15 p.m. she vomited, bringing up the white mixture that had been taken previously. At 4.40 p.m. the pulse was better (142), muscular tone was returning, and she was more conscious. The pupils were more dilated and reacted as before. At 6 p.m. the pulse had fallen to 120. The respirations were 32. She had been perspiring a great deal. At 7.15 p.m. she passed spontaneously five ounces of urine, which was green in colour, darker than the first specimen, of specific gravity 1047, and contained no albumin or sugar. At 10 p.m. the temperature was 97° in the axilla, the pulse was 130, and the respirations were 24. An hour later she passed four and a half ounces of urine similar to the last specimen, but the specific gravity was only 1025. On the following morning it was reported that the patient had slept well and had taken milk well. She now seemed to be all right except for some pallor and rapidity of the pulse. These symptoms improved in the next few days, during which time the urine continued to show a gradually diminishing excretion of carbolic acid."

OBSERVATIONS ON ACUTE RHEUMATISM.¹

HOMŒOPATHIC TREATMENT *v.* THE SALICYLIC ACID.

By DR. WAPLER, Leipzig.

My theme was proposed originally as "The Homœopathic Treatment of Acute Articular Rheumatism;" but in consequence of peculiar circumstances I was compelled to limit my work more closely and to give it the above title, and I must request my honoured colleagues to favourably accept my more limited thesis. I did not have time to properly treat the

¹ An address delivered at the 68th General Meeting of the Homœopathic Central Union of Germany in Dresden. (Translated for the *Homœopathic Recorder* from *Allg. Hom. Z.*, December 6th, 1900.)

very extensive theme which I was appointed in Elberfeld to treat, and also soon found that a harmonious presentation of the treatment of acute articular rheumatism according to the views of high potency and low potency men is not well practicable in one thesis. So I thought it was best to divide the theme, and to allow a representative of high potencies and a representative of low potencies to present their several views.

I therefore here present what is my particular theme: "My Observations on Acute Articular Rheumatism."

The first severe case of disease, which came to me in the year 1895, when I first settled down as a homœopathic physician, was a case of hyperpyretic articular rheumatism, which I succeeded in curing, and which served to pave the way for further practice. This fact, in connection with the circumstance that I know rheumatism from personal experience, may explain why rheumatism is to me of especial interest. The number of regular cases of rheumatism—I do not include rheumatoid cases—treated by me in the last five years is 57.

Of these 57 cases eight were closely observed, having been treated in our hospital. Of 38 other cases I have very exact data, having been able to treat the course of the disease to the end, so that these may be used with approximately the same certainty as the hospital cases, at least with respect to the duration of the disease, the resumption of work, and the appearance of complications. Of the 38 cases last mentioned 20 were lodge members, the other 18 being private cases. I have, therefore, 46 cases as an actual basis for my observations.

As to the duration of the disease, that may be reported on with great variety, according as we view the termination of the disease as equivalent with the end of the fever, or with rising from bed, or with the resumption of work. In my eight hospital cases these numbers average as follows: Cessation of fever on the seventh day, leaving bed on the fourteenth day, dismissal from the hospital on the twenty-fifth day, and resumption of work on the thirtieth day.

We are sorry to say that these four stadia have not been kept duly separated in the statistics presented by allopaths; we only receive information with respect to one or another of these points, never with respect to all of them.

Now, as to *fever*, it would appear that according to the statistics presented in the allopathic text-book of Pribram, the duration of fever, when there is the salicylic acid treatment, is shorter in average than with my treatment. Bœumler and Owen, *e.g.*, report not quite four days' duration; Havilland Hall reports five days; Coupland, Finley, Lukas, Warner,

Fritz, Levy and Pribram exactly six days, and only Bad reports eleven days of fever. According to these authors, patients are free from fever on the average of six days. Since in these statistics complicated and uncomplicated cases were included, while in my hospital there was not a single case of *fresh* complication, it would seem that the removal of fever under our treatment takes somewhat more time than in the salicylic treatment of the Old School. But the matter turns at once in our favour when we compare the length of the treatment. Among the nine reporting clinical practitioners, only one, Owen, has a less number of days than we, *i.e.*, 23 days; the next one is Pribram, who reports 429 cases carefully observed, with 29 days; while the highest, Ryssel, reports 38 days. The average of their duration of hospital cases is $32\frac{1}{2}$ days, while in our hospital the average number of the days of treatment was 25.

Eight clinical cases would not, indeed, prove much; but in my 38 private cases and lodge cases I obtained almost the same result as in our clinique, namely, a duration of treatment of 24 days. In these 38 cases the date of dismissal from hospital is considered as equal to the dismissal of cases as cured. If we take merely the lodge patients, I, indeed, receive exactly the same results as in the clinique, namely, 25 days. Since my observations extend over five years, during which the "genius epidemicus" was varied, the fact that the same result was reached in the hospital shows that there is no mere accident, but that these facts are due to the peculiar therapy used.

In my hospital cases work could be resumed on the thirtieth day. With my lodge patients this resumption fluctuated between 8 and 96 days, but the average was about 30 days, to be quite exact, 29.5 days. Thus it will be seen that in this class of patients the duration of treatment, as well as the time of resumption of labour, shows almost exactly the same mathematical result as in the hospital. Lodge patients are better suited for comparisons than private patients, because, through the control of the lodge books, there is a more sure report of the time of the resumption of labour. With women we have put the time of their resumption of domestic work as equivalent with the resumption of labour. A corresponding computation of my 18 private patients gives an even somewhat more favourable result, namely, 28 days.

While, with the exception of fever, we can very well sustain the competition with the old school as respects the duration of the disease and the resumption of labour, our method beyond all doubt gives better results as to the prevention of complications with heart disease than the salicylic treatment of the old

school. Among my 46 cases there were 24 cases of fresh rheumatic cases, and there is only one case of fresh endocarditis, or, to express myself more cautiously, there was only one case in which endocarditis could be diagnosed *intra vitam*. For it is well known that especially in this disease of the heart men are very liable to make mistakes. In cases where during life no noises could be perceived, dissections have disclosed well-defined valvular changes, while on the other hand autopsies have shown nothing the matter with the heart, though there seemed to be an indisputable diagnosis of heart disease.

So much I can declare with certainty, that, with the one exception noted, there was no recognisable case of endocarditis. Expressed in per cents. this would show exactly 2% of complications with heart disease, or 4% if we only take in consideration the fresh or recent cases.

In contradistinction the authors above cited give the number of complications with heart disease in salicylic treatment at 8-60%. The exact and conscientious Pribram computes it at 44.75%.

The favourable results of our treatment with 2 to 4% of complications with heart disease, I believe, should be attributed to one remedy, namely benzoic acid. Only two of my rheumatic patients out of 46 did not receive any benzoic acid, and this because benzoic acid in no wise corresponded with their symptoms. One of these two cases was a woman of thirty, with whom rheumatism was complicated with catarrhal jaundice. Here a rapid cure was effected through bryonia 3, alternating every four hours with natrum sulph. 2. The second case was a boy of ten years of age, whose rheumatism had developed from *erythema nodosum*. Apis 3 and ferrum phosphor. 4 were the remedies here indicated, which, in connection with sudatory treatment effected a cure in fourteen days.

I would especially note that the only case of rheumatism combined with recent endocarditis was not treated with benzoic acid before the complication with heart disease had developed. This was the case mentioned above, of hyperpyrexia. The temperature, which I took myself, in the axilla was 107°! The disease in this case started from the beginning with extreme violence and with a severe disturbance of the kidneys. Taking the symptoms together, especially the extreme acidity of the urine, seemed to me at first to indicate nitrum. But when the complication with heart disease set in, soon followed by pleurisy, I passed over at once to aconite 2 and acidum benzoic 2. After the acute symptoms had disappeared, I prescribed arsenicum 4. In spite of the violence of the disease, the

patient recovered, and this in the comparatively short time of forty-six days, and the heart disease (insufficiency of the mitral valve) has so far diminished that now, after almost five years, only a practised ear can discern it.

I am convinced that besides aconite and arsenicum, acid. benzoic has a great part in these good results, although it was only given after these complications had developed. For this opinion I find a support in Farrington, who recommends this acid as well as lithium, ledum and kalmia in deposits upon the valves of the heart; its special indication is the sedimentary urine of a peculiarly strong odour. Also Dewey emphasises the fact that benzoic acid is useful in articular rheumatism, especially in those who have heart disease. Among German authors, it is especially Puhlmann who recommends it warmly for the prevention of heart disease.

Of provings of benzoic acid on healthy persons we have especially the compilation made by Dr. Const. Hering in 1854, and reprinted in *Grawvogel's Manual of Homœopathy*, 1866 (vol. II p. 3, etc.). This still leaves much to be desired, but yet it shows clearly that besides its ability of causing rheumatic pains in the limbs, and of changing the urine, benzoic acid has a special relation to the heart. The provers had palpitation of the heart (especially at night), pain in the cardiac region and dyspnoea. The latter is probably caused in part by the action on the lungs. I myself have found several times an accelerated pulse in patients to whom I was giving *benzoic acid* in cumulative doses.

I would not omit to state that also representatives of the old school have observed that benzoic acid is able to prevent complications of the heart, and this as early as 1877. Prof. Pribram writes in his *Manual*, published in 1899, on *Articular Rheumatism* (p. 489): benzoic acid closely related to salicylic acid, and benzoate of soda were recommended in 1877 by Senator in cases in which salicylic acid refuses to act or cannot be borne. Senator gave as much as 10 to 12 grammes of the acid and 12 to 15 grammes of the benzoate (in a powder, $\frac{1}{2}$ to 1 gramme every 1 to 3 hours). The soda salt, which is preferable, may be given in a solution of 10 to 15% in aromatic water, with or without the addition of sugar. Twenty-two cases treated only with benzoic acid or with the benzoate were cured within 2–11 days. There were no relapses and no other complications. Four cases that had been ineffectually treated with salicylic acid were cured or improved by benzoic acid; in six cases benzoic acid would not act and salicylic acid effected a cure. On the whole, benzoic acid is less effective than salicylic acid, but it can be given in larger doses, is relatively cheap, and has not shown any toxic effects in the cases observed so

far. One striking feature is the appearance of a strongly reducing substance in the urine. Kobert, who on the whole corroborates the favourable report of Senator, advises to stop the benzoic acid as soon as this reducing substance appears in the urine, as he has observed in his experiments on animals that under such circumstances its toxic effects begin. Carpau (18 cases) ascribes no clearly antipyretic effects to benzoic acid, and very little analgetic effect. Before we had better substitutes for salicylic acid we tried benzoate of soda, and received results agreeing with those of Senator.

Although not in sympathy with the large doses given by Senator, I nevertheless believe that benzoic acid must certainly be given in low potencies. Also with other remedies it seems to me that arthritic rheumatism calls for strong doses, and in this opinion I have no less an authority than Bæhr with me.

As to the doses of benzoic acid, I believe that a low potency of benzoic acid is absolutely necessary, because this remedy, besides its specific organic action on the heart and the joints, also has a *chemical* action.

The peculiar changes occurring in the urine, which have not yet been accurately investigated, point with certainty to a chemical change in the intermediate chemical combination. In order to enter into chemical combination, it needs definite quantities of the elements. I usually give the second decimal trituration every two hours, about $\frac{1}{2}$ or $\frac{1}{4}$ of a gramme, dry; in severe cases I give it cumulatively in the afternoon, say, every quarter of an hour for one or two hours.

Now, as to the indications for benzoic acid: it is, of course, not a specific for rheumatism; *the best results and the most manifest effects are seen when the urine has the well-known, peculiar sharp smell, with sediment, especially when there is also an alkaline reaction.* But even under such circumstances there will seldom be seen such a diminution of fever and as rapid a disappearance of the morbid symptoms as are experienced in a topical case of salicylic acid. Nor is benzoic acid a sure preventive of relapses. But the avoidance of bad effects on the heart is much more sure in this remedy than with the *salicylic* treatment, and this seems to be assured even in cases where the urine has not the characteristics above noted.

In consequence, I have made it a rule that when there is not a contra-indication (*e.g.*, an aversion of the stomach to the remedy, or when benzoic acid in no wise agrees with the symptoms) I always give benzoic acid to prevent the rheumatism from extending to the heart, giving at the same time the other homœopathic remedies. Among these homœopathic remedies bryonia and rhus with me stand first; I prescribed the former in nineteen cases and the latter in eighteen. At a distance

follows mercurius, which appeared to be indicated five times ; as also iodide of potassium in the saline solution. The latter remedy is found of further use in complications. Then I used three times ferrum phosphor., and twice aconite, arsenic alb., arsen. iodat., colocynthis, spigelia and sulphur ; the following remedies were used once : apis, belladonna, causticum, gelsemium, kali carbon., natrum nitric., natrum sulph., tartar emetic and thuja.

I now come to *external measures*.

On account of the pains, which sometimes cannot always be quickly removed by our internal remedies, we cannot well do without calling in external remedies. Among these we would first mention hydrotherapeutic measures. Even Hippocrates and Celsus recommended application of cold in the form of compresses and ablutions. I believe, with Skoda, that we ought to consider whether the patient feels better from hot or cold treatment. The treatment of the joints affected by means of hot or cold compresses is often useful, though inconvenient on account of the frequent changes required. On this account the Priessnitz compresses with diluted tincture of bryonia are preferable. Of course these are especially suitable when bryonia is also internally suitable, and the patient feels most comfortable when the joints are kept quiet. Such patients are benefited even by simply keeping the joints from being moved.

I have also found packing with a 10% solution of ichthyol in glycerine very soothing and effective, only care must be taken that the solution does not percolate through the compress and soil the linen. In what way this solution effects the allayment of the pains I do not know ; perhaps the sulphur contained in it, which, under certain circumstances, is also homoeopathically indicated, plays a part in it, through its effects on the veins. In some cases, where ichthyol failed to relieve, a compress with a soft soap proved of service ; this rather drastic treatment I first saw used in the military hospital at Magdeburg, where it was applied in chronic inflammation of the knee-joint. The intense irritation of the skin produced is in this case probably the effective principle. To these external measures should be added, with re-convalescents, vapour-baths and massage.

A few words, in conclusion, with respect to the complications observed by me. I have already mentioned the only case of endocarditis occurring in my practice, which took a comparatively favourable course on the application of aconite, benzoic acid and arsenicum. The same patient was also seized with *pleuritis exsudativa*. This was promptly relieved by tartarus emeticus D. 3, and bryonia D. 3, and arsenicum iodat. D. 4. Of the other complications that frequently attend articular

rheumatism, I have only once seen suppurative meningitis. Whether the rheumatism and the meningitis were both caused by the same morbid agent, or whether two different diseases met together, could not be determined. The case was not fully cleared up because the patient, at the wish of his relatives, was removed to St. Jacob's Hospital.

The discussion of attendant complications is naturally followed by the consideration of infections which may be mixed up with it. The most important infection in my estimation is that of gonorrhœa; this is found not infrequently mixed up with it, besides the rheumatism, which is caused by gonorrhœa. Among the forty-six cases mentioned above, two were complicated with gonorrhœa. They had a very inert course: forty-five days in the one case and ninety days in the other were required before the men could resume their work. These two cases showed hardly any reaction after benzoic acid, while iodide of potassium showed itself very effective, especially in one of these cases. I may add that the second case was eventually perfectly cured by Röntgen rays, which, as far as I know, were first recommended by Pfeiffer in Wiesbaden.

THE HOMŒOPATHIC MEDICAL SCHOOL OF CALCUTTA.

WE have frequently had the pleasure of noticing in our columns the excellent work which the above school has been doing, and its continued and steady success under the guidance of its principal, Dr. M. M. Bose, who nearly twenty-five years ago was a most diligent and enthusiastic student at the London School of Homœopathy. His hard work and enthusiasm in carrying on the Calcutta Homœopathic Medical School is most gratifying to all who are interested in the spread of homœopathy, and the greatest credit is due to him for his energy, which is rewarded by such success as the report of the School for 1900-1901 shows. It is so interesting that we reprint it entire, as it gives our readers a better idea of the importance of the work than any laudatory remarks of ours.

"With the first year of the twentieth century, this school of medicine also enters its twentieth year of existence. The past year has been exceptionally fortunate in drawing more students from outside Bengal and from places which had never sent any pupils before. Among new foreign admissions, there were two from Kapurthalla Native State, one from Kumaon Hills, two from Poona, one of whom is a bachelor

in science, and one each from Scinde, Aligarh, Nagpore and Travancore. Hitherto we had no Indo-European student, but last year we had two Portuguese, one of them Mr. Nicholas Xavier, a qualified practitioner from the Western Presidency and an experienced medical man of some years' standing who had seen also practice in European cities. It is expected that from next year more students of Portuguese extraction will come to qualify themselves as homœopathic practitioners. From Bengal, the largest number comes from Howrah and Jessore, then Khulna, twenty-four Pergunnahs, Hooghly and Calcutta; in the latter, students coming from the local Medical College and School; all other districts including Assam and Orissa are also represented among the *alumni* of the institution.

"Among the Licentiates, twenty-six in number, three were placed in the first division, one a bachelor, among the rest three Maharattas and one a young Mahomedan from Nuddea. Excepting a few engaged as States medical practitioners, all are engaged in private practice, the majority of whom are eking out a prosperous livelihood, scattered over almost all parts of the continent of India. The two Maharattas among the Licentiates were sent here solely at the expense of the Chiefs from the Southern Maharatta country.

"The students had an exceptional opportunity, as in last year, to attend the well known Badur Bagan Charitable Dispensary, established early in the sixties. The number of cases treated there last year was over 9,000. An experienced Licentiate acts as head clinical clerk. Besides, the third year pupils regularly observe cases throughout the session in the private clinique of the learned principal. To encourage clinical study, a medal and some medicine chests are annually distributed to the experienced among those acting as clerks.

"During the spring term special lectures opened only a few years ago have been taken more and more advantage of by the Licentiates and homœopathic practitioners living around and in Calcutta and suburbs, to increase their practical knowledge in various branches of medicine by demonstrations and addresses. In these post-graduate lectures last year, some important diseases of the eye, and diabetes, were specially dwelt on.

"More than usual interest was shown not only by the students but also by outside educated people in the popular scientific lectures delivered by men of great attainments. The lectures were twelve, just double the number of last year. This session we had the exceptional advantage of five consecutive physiological addresses demonstrated by the distinguished biologist Prof. S. C. Mahalanobis, B.Sc.—who was connected

with the Chair on the same subject at Cardiff College, in Wales. The lectures were all exhaustive, expressed in easy and lucid language and demonstrated with simple experiments. Prof. Mahalanobis' first two discourses were on a 'Plate of Rice' the chief ingredient of food of the people of this country. Then on the 'Music of the Heart,' at which gathering the Hon. Mr. B. L. Gupta, I.C.S., presided. The fourth was on 'Milk—as Food' and the fifth on 'Mechanism of Vision,' the Hon. Mr. Anand Charlu, C.I.E., member of the Imperial Legislative Council taking the chair. Sixth on 'Wireless Telegraphy,' by the distinguished professor of Science, Mr. Nag of the Agra College. Seventh on the 'Prevention of Diseases' by the well known Colonel K. P. Gupta, M.D., F.R.C.S., I.M.S. (retired), once Sanitary Inspector in Bengal. In the unavoidable absence of the Hon. Prince Buktyar Shah, C.I.E., the Sheriff of Calcutta, Prof. Mukerji, B.Sc., of the Presidency College presided. Eighth on 'Drainage: Subsoil and Under-ground' by Mr. P. N. Datta, B.Sc. London, superintendent Geological Survey of India; Rai Madhab Chunder Roy Bahadur, C.E., retired superintending engineer taking chair. Ninth on 'Stimulants and Narcotics' by Dr. Place, M.D., superintendent Sanitary Institute; Dr. K. G. Sirkar, a veteran medical practitioner was in the chair. Tenth on 'Sulphur' by Dr. P. C. Ray, D.Sc., and the well known professor of Chemistry of the Presidency College. Eleventh on 'Life of Plants' by principal G. C. Bose, M.R.A.S. London; the eminent scientist, Rev. Father Lafont, S.J.C.I.E., presiding. Twelfth on 'Habits of Animals,' delivered at the Zoological Garden by its able and learned superintendent, Rai R. B. Sanyal, C.M.Z.S., London. These discourses delivered by men of high eminence have not only been drawing larger numbers of people of all classes and ages; but the public at large also appreciate very much the good services rendered by the School of Medicine for popularising science among the Indians.

"The books of the library, the English and American journals, and also 'Health' published in Calcutta are extensively circulated among the students, both old and new. The taste for consulting standard works of reference and books of general medical literature and periodicals have been increasing among pupils. This is no doubt a healthy sign.

"Both the Dubalhati and Bijni Rajas have been awarding a Free-ship each, which are granted to deserving pupils. One scholarship goes to a Cochin lad.

"We are to record with deep regret the death of Mr. Shamadhab Roy, a distinguished member of the old Krishnagar

Raj family and a deputy magistrate of high standing. Mr. Roy when in Calcutta made it a point to attend all the lectures, etc., of the School. He also helped, when opportunity occurred, to give employment to our qualified students. May his soul rest in peace !

"We mentioned last year that the Dean of the well known New York Homœopathic Medical College has recognised our School, and that any of our Licentiates may obtain the degree of M.D. after studying a year there. A Maharatta L.M. and S. of the Lahore University and in charge of a big general hospital in the Southern Maharatta country, who matriculated in our institution, is studying with the object of proceeding to New York. His expenses will in great part be borne by a Maharatta chief. The journey is an expensive matter no doubt, and we earnestly hope that this young medical man's aspiration will be realised and that others will follow his example.

"We are indebted to our English and American colleagues as well as to the Indian Press, both Vernacular and English, for kindly reviewing our work in a sympathetic manner : drawing the serious attention of Indian youths to the practical and bread-winning education imparted in this School of Medicine, for which we are sincerely thankful. *The Monthly Homœopathic Review*, the *Homœopathic World*, and the *American Hahnemannian Monthly* have all words of encouragement for carrying on this school. *The Homœopathic World* for May 1900 has an article on 'The one British School of Homœopathy,' and the *American Monthly* says 'what an uphill fight these men are having for the cause of homœopathy in India and also how faithful and earnest they are in the work which they have cut out for themselves !' Our old and respected editor of the *British Review* remarks kindly on our last report."

IS DISEASE OF THE HEART TRANSMISSIBLE TO OFFSPRING ?

AFTER a thorough discussion of this question in the *Hahnemannian Monthly* for December, Snader, of Philadelphia, reaches the following conclusions :—

1.—It is probable that the anatomical defects of an acquired valvular lesion can be transmitted from parents to offspring.

2.—It is more than probable that the greater number of cases of what may be considered congenital valvular defects arise from an intra-uterine endocarditis.

3.—That lesions are not always transmitted, even when serious, because (a,) the disease that gave rise to the lesion has passed away and left only its monument in the parent; (b,) because of Nature's eternal tendency to preserve her normal types; (c,) because of the possible nullifying influence of an unaffected parent; (d,) because of the temporary or permanent absence of an active blood state in either or both parents capable of setting up an endocarditis.

4.—That we cannot be certain that organic valvular disease will or will not be transmitted.

5.—That a mother suffering from an acute or subacute blood state capable of inducing an endocarditis is liable to pass that blood state to offspring and induce a valve incapability, if conception occurs at the time the blood state is active.

6.—That clinically we cannot yet determine the exact amount of blood-contaminating element capable of inducing a lesion, and do not know all the blood states and conditions of blood capable of giving rise to prenatal endocarditis.

7.—That we cannot yet give a positive opinion as to the exact liability of transmission to cardiac cases contemplating matrimony. We can only state the degree of probability.

8.—That a practical deduction from a consideration of all these factors is, that investigators of the present and future should devote more time to the determination of blood states capable of inducing valvular lesions and their modification by therapeutic measures.—*The Clinique*, Jan.

PRESENTATION TO DR. RAMSBOTHAM, OF LEEDS.

As most of our readers are aware, Dr. Ramsbotham has left his practice in Leeds to reside and practise in Harrogate. He has been so successful in Leeds, and so much respected there, that we are gratified, though not surprised, to learn that his services have been publicly acknowledged by a presentation from his friends and patients. We quote the announcement from the *Leeds Mercury* of March 25th, and we offer our congratulations to Dr. Ramsbotham.

"The long and valuable services rendered to the Leeds Homœopathic Dispensary by Dr. Ramsbotham, now about to leave the city to reside at Harrogate, have been gratefully acknowledged by the friends and subscribers of the institution. The doctor has been presented by them with a beautifully illuminated address recording his efforts in reviving and carrying on the Dispensary, and also with a handsome silver table lamp and a silver 'basket of novel design. Mr. Arnold Lupton read the address, and Mrs. Lupton made the presentation. A brass standard lamp has been presented to Mrs. Ramsbotham.

BENZOATE OF AMMONIA

in pain in the back simulating lumbago. Mr. R., aged forty years, complains of pain in the lumbar region, which is most marked on the left side; it is dull in character, and has been present nearly continuously for the past seven years. He is obliged to rise several times during the night to urinate, which causes burning in the urethra. He has suffered much from rheumatism, the smaller joints are most affected. The extremities are cold. The apex beat of the heart is displaced downward and outward. The urine is scanty, dark red, bloody looking, with a strong ammoniacal odour and a red thick sediment; it is alkaline in reaction. Benzoate of ammonia, 1x, trituration three grain powder every three hours brought speedy and sure relief.

LEDUM PALUSTRE, IN CHRONIC ARTICULAR RHEUMATISM.

MRS. A., aged fifty-three years, came to the clinic complaining of pains in the extremities which are worse at night; they have continued for many years but have been worse during the past six years. The disease began in the feet and has gradually extended upward until nearly all the joints are involved. The patient is the mother of several children, has always worked hard and has been exposed to all forms of atmospheric changes.

Physical examination showed the different joints enlarged and tender; the patient is poorly nourished, and there is a systolic murmur present.

Treatment.—The patient was instructed to wear flannels next to the skin continually; the diet was to be such as is easily digested, milk to form as large a part of it as possible.

On account of the emaciation, especially of the diseased parts, the aggravation of the pains at night and especially from warmth of the bed, that the disease began in the feet and has gradually extended upward, ledum pal. 6x was prescribed to be taken four times a day; as the patient improved the potency was changed to the 12x and later to the 30th with great relief to the patient, so that she now believes herself well.

PROPHYLAXIS OF SCARLATINA.

WHENEVER I have a case of scarlet fever, I give the other members of the family, old and young, belladonna, and in that way I have greatly lessened the practice I might have had.

When I was practising in Bradford, Vermont, forty years ago, my brother was principal of the Female Collegiate Institute at Amberg. Scarlet fever broke out in the school, and

each day saw several of the students stricken down with the disease, or leaving for their home for fear of being stricken down with it. My brother came to me finally and said, "If the fever cannot be stopped the school will have to be." I offered to furnish belladonna free to the students. Every pupil took it. There was not another case of the disease.

I feel sure that if we will give belladonna freely to those exposed to scarlet fever, and during the progress of the disease when other remedies are not called for, we shall be relieved of much anxiety and the death roll of many names.—
Dr. A. M. Cushing in *Medical Century and Med. Envoy*, Jan.

RESULTS OF TESTING THE RENAL FUNCTIONS WITH METHYLENE BLUE.

ARCHARD and Castaigne, who have in the past contributed a number of papers upon this new diagnostic resource, have now published a small monograph on the same subject (Paris, 1900).

The results thus far yielded by this method to date are as follows (it will be remembered by the reader that a solution of methylene blue is injected hypodermically, and the interval noted before the colour appears in the urine as well as the duration of the period of elimination):—

Interstitial Nephritis.—Here there are evidences of impermeability, such as delayed appearance (frequently) and habitually prolonged elimination period. The authors have often made the diagnosis when other phenomena, such as albuminuria, were not in evidence. Considering the insidious nature of this disease, the test should be of great practical value.

Acute and Chronic Diffuse Nephritis.—Here it is quite different. Permeability appears to be retained for a long time. The same holds good for amyloid kidney.

In *functional albuminuria* a slight prolongation of the period of elimination has been observed.

In *passive congestion of the kidneys* from cardiac weakness the elimination of the blue does not appear to be interfered with. After the condition is of long standing, irregularities of elimination will appear.

In *diabetes* elimination appears to be almost normal. If this disease coincides with actual organic disease of the kidney, impermeability is readily apparent.

In urinary surgery operators have employed the blue in doubtful cases to determine whether or not the kidneys are sufficiently impaired to contraindicate operations on the urogenital tract. The method has been combined with ureteral

catheterisation, so that the permeability of each kidney may be ascertained.

It was thought that the blue might prove of service in obstetrical practice, and foretell the possibility of eclampsia through evidences of renal inadequacy; but these hopes have not been realised. An eclamptic may eliminate the blue normally, while a case which eliminates badly will present no evidence of likelihood of eclampsia.—B. D. H., *Medical Review of Reviews via The Clinique*, Jan.

GRAPESHOT.

UNDER this heading a gentleman who uses the *nom de plume* "Sweet simplicity," writes as follows in the *British Medical Journal* (March 9th). "I had thought in my ignorance that the days of polypharmacy were numbered, but the following prescription given to a patient suffering from facial neuralgia has somewhat dispelled that idea.

R	Quin. sulph.	-	gr. ij	Butyl chlor. hydr.	gr. v
	Tinct. opii	-	℥v	Tr gelsem.	℥x
	Acid sulph. dil.	℥ij		Tinct. aurant.	ʒiss
	Liq. arsen. hydchl.	℥ij		Aq. menth. pip. ad	ʒj
	Sol. trinitrini, 1%	℥j			

Mitte ʒxij. Sig. ʒj *quater die sum.*

I omit the initials.

Anyone would think in looking at the above formidable conglomeration of drugs, that it was the composition perhaps of a fourth-year's student who, being in doubt, had turned up a list of diseases and drugs used in their treatment, and had accordingly put in half a dozen of those under the heading neuralgia, and smoothed it off with two or three others to flavour, etc. Surely one of the many will touch the spot. But no! The abomination was written by a teacher, a leading consultant. Whittle, I remember, apologises for some of his formulæ as 'a charge of grapeshot,' but the most elaborate of his cannot hold a candle to this. I am looking forward with much curiosity to the next effort, for, alas! the patient, after consuming 600 doses of this compound, is no better."

Assuming that the unhappy patient has been quite obedient to instructions, he (or she) has swallowed in 150 days, 1,200 grains of sulphate of quinine, 3,000 grains of butyl chloral hydrate, the same number of minims of laudanum, 6,000 minims of gelsemium tincture, and so forth, not to mention a small bath-full of peppermint water. Fifty bottles, at the very moderate estimate of two shillings each, have cost £5, and he (or she), "soul-hydroptic with a sacred thirst," is contemplating a second innings. Our wonder is reserved rather for the patient than for the physician.

OBITUARY.

JAMES COMPTON BURNETT, M.D.

It is with the deepest regret that we have to record another loss in our ranks, that of Dr. Compton Burnett, of London. He died suddenly from, as we hear, heart disease, on the 1st of April, at the comparatively early age of 60. Dr. Burnett studied at the University of Glasgow, and at Vienna, where he took the diploma of M.B. in 1869. He next took the M.B. of Glasgow in 1872, and the M.D. in 1876. He resided several years in Vienna, first as a student, and then as assistant to the famous Skoda, and thus became familiar with the German language, in which he was thoroughly at home, and which was so valuable to him in his studies and writing. He began practice in Birkenhead, removing later on to Chester, from whence he came finally to London, where he practised till his death, having a very extensive consulting practice. He lived for some years in London, but afterwards kept only consulting rooms at Finsbury Circus, and at 86, Wimpole street, residing at Brighton. For several years Dr. Burnett was editor of the *Homœopathic World*, but owing to the demand on his time occasioned by his large practice, he gave up this extra work in 1885.

His personality and character were very uncommon, and we had almost said unique. His was a remarkably strong character of a rugged massive type, straight-forward and direct to a degree. He could stand no half measures, and spoke freely what he felt, not caring what others thought of what he said, so long as he was sure he was right. His massive head and keen powerful expression of face fully bore out his mental and moral character. He had an immense power with his patients, a magnetic personality which impressed all who consulted him, and gave them the utmost confidence in him. He had not only this gift of inspiring confidence, but also of eliciting real attachment and admiration, the most valuable gift that a physician could possess. He was pre-eminently a strong man in the highest sense of the term, and what brought out his full power and strength was his enthusiastic devotion to his profession, and especially to homœopathy. This was, we might say, the life of his life, and anyone could see, his patients especially, how staunch was his belief in homœopathy, and in its wonderful curative powers. His first experiment in homœopathy is very strikingly given in his "*Fifty Reasons for being a Homœopath*," published in 1888. Our notice of this work (May, 1888) contains the following, which we may be

pardoned for extracting here. "Dr. Burnett's first experiment with homœopathy is very strikingly given. As house-surgeon to a hospital he had become disappointed and ultimately disgusted with the results of the ordinary treatment, and the futility of medicines relied on as remedies to check the course of disease. In this frame of mind Dr. Hughes' *Pharmacodynamics* and *Therapeutics* were put into his hands. After a study of them he came to the 'conclusion, either that homœopathy was a very grand thing indeed, or this Dr. Hughes must be a very big ——' Presently, he adds 'my old skepsis took possession of me. What, said I, can such things be? No, impossible, I had been nurtured in the schools, and had been thus taught by good men and true, that homœopathy was therapeutic nihilism. No, I could not be a homœopath; I would try the thing at the bedside, prove it to be a lying sham, and expose it to an admiring profession!' Dr. Burnett was just as clear and forcible in his mode of expressing his views and feelings in his pre-homœopathic days as he is now. He set to work. His attention had been painfully drawn to the importance and—with the only means then at his disposal—the impossibility of cutting short a febricula. Feverish colds and chills were common just then, and he had a ward where children thus taken ill were received and retained until their diseases had declared themselves, when they were drafted into other hands. Adding a few drops of Fleming's tincture of aconite to a large bottle of water, he directed the nurse to give a dose to each child *on one side of the ward* as soon as brought in; those on the other side were treated in the usual manner. On the following morning he found 'all the youngsters on the *aconite* side *feverless* and mostly at play in their beds,' while those who were on the opposite side were 'worse or about the same.' This experiment was repeated for some days and always with the same result, until on one occasion he was unable to visit the wards for two days, and on returning to duty he found all the children well; on enquiring, he learned that the nurse had taken advantage of his absence, and had given the *aconite* solution to all the children admitted! This was Dr. Burnett's first reason for being a homœopath. Aconite had been demonstrated to be *homœopathic* to febricula, and he had *proved* that it cured febricula.

This reference to his "Fifty Reasons for being a Homœopath" leads us to notice his numerous medical publications, and the one already named is one of the best of them all. They are all characterised by great originality and research in therapeutics, and are uniformly written in remarkably forcible, terse language, and withal so graphically, that one is

carried away with the rugged charm of them, and reads on till the book is finished. This is easily done, as instead of publishing a large volume, he preferred to write a series of short monographs on various subjects. His knowledge of German enabled him to prosecute the study of early therapeutic writers, and dig out their strong points in a way that few have the opportunity or gifts to do. He was a great admirer of Van Hohenheim, generally known as Paracelsus, and showed that he had a crude inkling of homœopathy; and of Rademacher, from whose writing he largely quotes with admiration, for his learning and thought, and observation, shewing also how he had had more than an inkling of the law of similars. So recently as our March issue we noticed the 2nd edition of his "Diseases of the Spleen," in which there is a very long quotation from Rademacher, and in all Dr. Burnett's writings he gives loyal credit to everyone from whom he gained therapeutic information. His "Hahnemann lecture" delivered in 1880, at the opening of the session of the London School of Homœopathy, and published under the title of "Ecce Medicus," is one of the most masterly sketches of the life of Hahnemann which we have ever seen. It gives a truly living sketch of his power, character and greatness, and it reads with the charm of a novel. It is impossible here to do more than name his numerous booklets, but there is not one of them from which one cannot glean something original and instructive, all written in the same fascinating style. They are as follows:—"Gold as a remedy in disease"; "Natrum muriaticum"; Curability of cataract with medicines"; "Supersalinity of the blood"; "Vaccinosis and homœoprophylaxis"; "Valvular diseases of the heart"; "Fevers and blood poisoning"; "Ecce Medicus"; "Fifty reasons for being a homœopath"; "Tumours of the breast and their cure by medicine"; "Cataract: its nature, causes, prevention and cure"; "Greater diseases of the liver"; "Ringworm: its nature and cure"; "Diseases of the skin"; "Curability of tumours by medicines"; Eight years' experience in the cure of consumption by bacillinum"; "Diseases of the veins"; "Neuralgia"; "Delicate, backward, puny, and stunted children"; "Organic diseases of women"; "Change of life in women"; "Gout and its cure"; "Enlarged tonsils cured by medicine"; "Diseases of the spleen." This long list shows how active and energetic a worker and writer Dr. Burnett was, and we hear that for many years he had taken no holiday longer than five days at a time. It is quite probable that this long continued and unremitting work in practice and writing has contributed in no slight degree to his comparatively early death. By it the profession and homœopathy

lose a very remarkable man. Dr. Burnett has left a widow and family, to whom we offer our sincere and warm sympathy. We should also mention that he was a fellow of the Royal Geographical Society.

GEORGE ALEXANDER CRAIG, M.B., C.M. Aberdeen.

WE regret to have to record the death of Dr. G. A. Craig, of Birmingham, which took place on the 17th of March. He was born in 1845, in Aberdeenshire, and was educated in arts and medicine at the Universities of Aberdeen and Glasgow, taking his diplomas of M.B. and C.M. at Aberdeen in 1868. He came to Birmingham as house surgeon to the Homœopathic Hospital of that city over thirty years ago, and was subsequently elected one of the regular medical staff of the hospital. He continued his valuable services on the staff till about three years ago, when he was obliged to resign on account of ill health. He had a large practice, but when his health failed, he confined himself to consulting work, and saw patients till within a few days of his death.

He was one of the founders of the Birmingham and Midland Scottish Society, of which he was president in 1897. He was elected president of the Birmingham Graduates' Club a few years ago, but resigned when his health failed. At both of these societies he read papers, some of which were published in book form quite lately under the title "From Parish School to University." Dr. Craig was much respected for his sterling personal qualities, and was much beloved by his patients, of whom he had a large *clientèle*. He is a great loss to Birmingham and to homœopathy, although he did not write much for the journals.

We regret that the notice of Dr. Craig's death did not reach us in time for our April issue.

BENJAMIN SIMMONS, M.D., M.R.C.S., and L.S.A.

WE regret to have to announce the death of Dr. Simmons, of Sydney, New South Wales, which took place on September 30th, 1900, at the age of 62. We have only just learned the sad fact of his death, which accounts for our tardy notice of it. Dr. Simmons' father was principal of Taunton College. He was educated in medicine at Guy's Hospital, and took his diplomas of M.R.C.S. and L.S.A. in 1859. His degree of M.D. he obtained from St. Andrew's, in 1896. He commenced practice at Watchet, in Somerset, where he became acquainted with homœopathy. He then moved to Liverpool, where he

practised for many years, and was one of the medical staff of the Homœopathic Dispensary. His health giving way, he removed to Cheltenham, where he practised successfully for some years. His wife died there, and after a second marriage he went out to Sydney, sixteen years ago. He died of chronic muco-enteritis, leaving several of a family, one son, the eldest, is now practising in Sydney.

Dr. Simmons was a thorough homœopath, a most delightful companion, and was very kind and considerate to his patients, and much esteemed by his numerous friends. He had a keen love of music, and was quite an expert player on the violoncello. His literary work was chiefly the "Cough Repertory," with many cases communicated to the journals.

THOMAS WILSON, M.D.

WE regret to learn from *The Times* of the 23rd, of the death, after a long illness, of Dr. Wilson, of Scarborough, for many years one of the representatives of homœopathy in Hull, where he had a large practice until his retirement some years ago; when he first of all made his residence in Withernsea, still continuing to engage in practice to some extent. Finding this limited amount of work to be beyond his powers, he settled in Scarborough, refraining from all professional engagements.

Dr. Wilson was the eldest surviving son of the late Mr. Wilson, of Hull, the founder of the well-known shipping firm, Thomas Wilson, Sons, and Co. (Limited), of Hull. He was professionally educated at University College, London, and admitted a member of the Royal College of Surgeons, and a licentiate of the Society of Apothecaries in 1840. He commenced practice in Hull, being made a member of the staff of the Hull and Sculcombe Dispensary, from which he retired as senior surgeon, when he announced his conviction of the truth of homœopathy. In 1861 he was admitted a member of the British Homœopathic Society. For several years he was an active and useful member of the Northern Homœopathic Association. He did much good work in Hull, where he was a thoroughly successful practitioner, his kindly manner and constant attention to his patients securing for him their warm appreciation.

So many years have passed away since Dr. Wilson was actively engaged in professional duties, that comparatively few of those who are now practising in Yorkshire will probably remember him; those who do will have none but pleasant remembrances of him.

He took his degree of M.D. at St. Andrew's, in 1864. At the time of his death he was in the 83rd year of his age.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Mr. C. J. WILKINSON.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays and Saturdays, 2.0; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Wednesdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Dental Cases, Wednesdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Wednesdays, 9 A.M.

Letters have been received from the following:—Dr. BLACKLEY (London); Dr. BOSE (Calcutta); Dr. CASH (Torquay); Dr. GOLDSBROUGH (London); Dr. HUGHES (Liverpool); Dr. MCLACHLAN (Oxford); Dr. PROCTOR (Birkenhead); Dr. WATSON (Liverpool).

BOOKS RECEIVED.

The Curability of Tumours by Medicine. By J. Compton Burnett, M.D. Second Edition, Revised. Philadelphia: Boericke & Tafel, 1901. *The Use and Abuse of Harrogate Mineral Water.* By Arthur Roberts, M.D. Third Edition. Harrogate: R. Ackrill, 1901. *Report of the Calcutta School of Medicine for the Session 1900-1901.* Calcutta. *Birmingham Daily Post*, March 19. *Leeds Mercury*, March 25. *Health*, April 13. London.—*Journal of the British Homœopathic Society*, April. *The Chemist and Druggist*, April. *The Homœopathic World*, April. *The Vaccination Enquirer*, April. *The Temperance Critic*, April. Hobart.—*The Tasmanian Homœopathic Journal*, March. Chicago.—*The Clinique*, March. *The Medical Era*, March. *The Hahnemannian Advocate*, February. New York.—*The Medical Times*, April. *The Medical Century*, April. *The North American Journal of Homœopathy*, March. *The Homœopathic Eye, Ear and Throat Journal*, April. Philadelphia.—*The Hahnemannian Monthly*, April. Lancaster Pa.—*The Homœopathic Envoy*, April. *The Homœopathic Recorder*, March. *The Minneapolis Homœopathic Magazine*, February and March. San Diego.—*The Pacific Coast Journal of Homœopathy*, March. Baltimore.—*The American Medical Monthly*, February. St. Louis.—*The Medical Brief*, April. Paris.—*Révue Homœopathique Française*, April. *Le Mois Médico-Chirurgical*, April. *Leipziger Hom. Zeitschrift*, April. The Hague.—*Homöopathische Maanblatt*, April.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W.; or to Mr. WILKINSON, 3, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

ABORTIVE TREATMENT.

SOMEONE has said, and wisely, that, had he to choose a disease to suffer from, it would be one for which there was no long list of drugs proposed for treatment. When such a list runs to abnormal length it may be shrewdly suspected that there is no recognized point of attack in traditional therapeutics, and that the treatment of the disease concerned shares in VOLTAIRE'S bitter gibe against the art of medicine, that it is "based upon conjecture"; that our art was ever "improved by murder" is, of course, one of those amiable exaggerations by which the sage of Ferney was used to endear himself to his fellow-men. Perhaps, among all diseases for which treatment has been sought, there is none for which therapeutic measures, more numerous or diverse, have been suggested, than has been the case for pneumonia; and, the disease being still with us (though, it is alleged, subject to "a change of type"), the quest for treatment is with us too. The evidence of such a quest may be found in a paragraph in *The Medical Press and Circular* for February 20th of the present year. It is entitled "The Abortive Treatment of Pneumonia."

"Current views in regard to the treatment of pneumonia certainly do not include any means for arresting

the pneumonic process at its onset, though the possibility of such intervention as a practical therapeutic measure is now receiving a considerable amount of attention. In a recently reported case attention is called to the amelioration of symptoms secured in a case of pneumonia in a baby nine months of age following the administration of three-quarters of a minim of the tincture of veratrum viride combined with a quarter of a minim of the tincture of aconite given in a teaspoonful of water every hour, and the result is described as extremely satisfactory. This new abortive treatment of pneumonia therefore resolves itself, upon examination, into a recognition of the well known physiological effects attending the administration of green hellebore and aconite. With regard to green hellebore, it has been very shrewdly remarked, that, as it is now very little used, it is probable that the glowing accounts of its usefulness which appeared some time since were very much overdrawn. The efficacy of aconite has long been well known in connection with pneumonia, pleurisy, and certain other grave inflammatory affections, but the warmest supporters of the use of this drug are bound to accept the objection that aconite weakens cardiac contraction, and to admit that even minute doses will sometimes cause the pulse to become unsteady and irregular. In Allbutt's 'System of Medicine' the author of the article on pneumonia, speaking of abortive treatment, says that there is nothing absurd in supposing that this may one day be done, and he points out that at the present time the manifestations of syphilis and ague, of hydrophobia and of diphtheria, can be successfully controlled. It is much to be desired that a really safe and reliable abortive treatment could be found, but it certainly does not appear likely that the combination of tincture of veratrum viride and tincture of aconite will commend itself to most medical practitioners as the best solution of the problem."

Now, it may reasonably be enquired by what process of induction or experiment "this new abortive treatment of pneumonia" began to be; for, we take it, such a mixture of drugs in such precise dosage did not fortuitously combine themselves into a prescription without some causal antecedents.

With regard to aconite, it has so long been before the

medical public as a *jugulator* of pneumonia, introduced to such use by HAHNEMANN'S Law of Similars, and borrowed for the same purpose by hundreds who were glad to attempt the end, while they denied the *rationale* of the means, that we need not here give a laboured history of the drug in this relation. We may pass over that part of the subject with a quotation (a sample of many easily attainable) from Dr. J. T. Tessier's classical work.¹ "In every succeeding case I diminished the number of depletions (*i.e.*, of bleedings) by one, two, three or four, and began to use the new remedies more nearly to the commencement of the disease. I commenced by a dose of aconite, followed in twelve or twenty-four hours by a dose of bryonia, after which I gave phosphorus. The less I bled my patients the more speedily were they relieved by the small doses. . . . Aconite seemed to have little effect a few hours after its first exhibition." The series of cases to which these general remarks refer began in 1847, and we gather that the substitution of aconite for the then universal bleeding at the beginning of pneumonia was, even at that time, being tried for "all it was worth," and we may infer that its use was of at least negative value—it tended to do away with a positive evil.

The history of the use of the green, or American, hellebore for the purpose of "aborting" a threatened pneumonia is not quite so well known as that of aconite, but it may be found very plainly set forth in the late Dr. Hale's book "The Homœopathic Materia Medica of the New Remedies." Like many another drug mentioned in that work, *veratrum viride* owed its introduction to civilized medicine to the "wort cunning" of the aboriginal American Indian. As early as 1835, its virtues, as recognized by the physicians of New England, were brought into general notice by Dr. Osgood, and again (in 1850), by Dr. Norwood. Dr. Henry was the first physician who examined its powers by the light of the Law of Similars (in 1852), and Dr. Hale was able to write "I commenced its use in fevers, particularly in pneumonia, in 1855, and it has been a standard remedy in my practice ever since."

¹ "Clinical Remarks concerning the Homœopathic Treatment of Pneumonia." Hempel's Translation. New York, 1855, page 3.

But the homœopathic application of the effects of *veratrum* could only be crude, partial and groping until the right method of educating their powers and limitations had been used. At the instance of Dr. Hale, Dr. Burt made a proving on his own healthy body, and, as the former gentleman remarked, "It is one of the most heroic provings in our literature." It is from such provings, the observations of poisoning cases, and from experiments upon animals, that scientific knowledge of the action of *veratrum viride* has been obtained. The similarity of the pictures of *veratrum* poisoning and of pneumonia are not *primâ facie* especially striking unless due attention is paid to the *post-mortem* findings in the animals experimented upon: then it becomes evident that, *pari passu* with vomiting and rapidly rising respiration, a genuine hepatization of lung tissue has been taking place. The primary effect of *veratrum* upon the pulse is certainly to render it increasingly slow and weak, and from that point of view, it does not coincide with the full, sthenic inflammatory condition which obtains in the commencement of a typical attack of acute croupous pneumonia.

We may then review our examination of "this new abortive treatment of pneumonia" by the combined action of aconite and *veratrum*, to the following effect—that in the case of aconite it is just as old as homœopathy, which introduced it and has practised it in appropriate doses (rightly or wrongly) ever since; while in the case of *veratrum*, its powers were discovered by homœopathy and have been used by the followers of that system in suitable cases for very nearly half a century. It remains, however, to be pointed out that each of these borrowed drugs has suffered unjust obloquy and partial oblivion, because it was quoted as "good in pneumonia" without the context which was necessary for its satisfactory, or even safe, employment. If there is one thing which stands out in the primary pathogenesis of aconite beyond all other things, it is the full, bounding, hard pulse. Pushed farther, the drug is capable of extinguishing life by extinguishing the pulse. In a disease, then, where life is threatened on one side by heart-exhaustion (as is the case in pneumonia), it is obvious that a drug of such powers should be used very far indeed within such

doses recognized as capable of producing physiological effects. Again, the proper sphere for veratrum in commencing pneumonia is in those comparatively rare cases where there is a slow, weak pulse, a moist cool skin and symptoms of pulmonary congestion. Who would be wild enough to embarrass a case of such a nature with "physiological" doses of a poison which paralyses the motor nerves of the heart and induces syncope and collapse? It will be seen, then, that the pneumonia of aconite is sthenic or inflammatory, that of veratrum asthenic or toxæmic. It is difficult to understand a case in which if either were correctly indicated, the other would not be contra-indicated. In the use of each, where it is correctly indicated, it should be remembered that anything approaching "physiological" doses is much more likely to cut short the patient's life than his disease.

Professor Jorge's remarks² on the posology of the homœopathic remedy have been often quoted, but they remain as true as when they were first written, and it is clear that their obvious lesson has not been grasped by those who would cure homœopathically without knowing what homœopathy means. "Medicines," he says, "operate most powerfully upon the sick when the symptoms correspond with those of the disease. A very small quantity of medicinal arnica will produce a violent effect upon persons who have an irritable state of the œsophagus and stomach. Mercurial preparations have, in very small doses, given rise to pains and loose stools when administered in inflammatory states of the intestines; . . . yet why should I occupy time by adducing more examples of a similar operation of medicines, since it is the very nature of the thing that a medicine must produce a greater effect when it is applied to a body already suffering under an affection similar to that which the medicine itself is capable of producing?" These are days in which we hear a good deal about rational medicine. It is difficult to imagine medicine so irrational as that it should allow men to play light-heartedly or light-headedly with such double-edged tools as aconite and veratrum viride. We are far from saying that no man shall prescribe homœopathically upon

²Contributions to a "Future Materia Medica from Experiments with Medicines on Persons in Health." Leipsic, 1825, p. 16.

occasion only; we know that thousands do so unconsciously, and with varying degrees of recognition, every day; we have no desire to limit practitioners of any school from taking a leaf out of our books: but we do claim that therapeutic hints so "conveyed" should be unmistakably labelled with their place of origin, and that, not because we desire credit for our school, nor entirely because we desire that our school should escape *dis-credit*, but because human life is too precious to be wasted by disingenuousness and ignorance. We join our contemporaries in urging that this new abortive treatment of pneumonia may not commend itself to general use. Aconite has its place (though by no means so large a place as is popularly supposed) in the abortion of true lobar croupous pneumonia; there are cases less frequent in which veratrum will do service, but we should regard pure expectancy as infinitely preferable to the mixture of the two in the doses named.

We must be careful to emphasize that, in what we have said concerning the treatment of pneumonia, we have hitherto confined ourselves entirely to a consideration of the earliest stage—one which must be held as terminating abruptly with the occurrence of red hepatization. And in studying early accounts of pneumonia and its treatment, it is necessary constantly to bear in mind that a really clear distinction between croupous, lobar or specific pneumonia on the one hand, and catarrhal or lobular broncho-pneumonia on the other hand, is in its strictest sense comparatively modern. Of the rôle played by aconite in the latter disease, no one who has watched it "without prejudice" can speak without enthusiasm. As we have indicated, its sphere of influence in the former disease (true, or croupous pneumonia) is very occasional and then brief. TESSIER, who made this subject the criterion upon which he estimated the value of the Law of Similars, was inclined to attach less and less importance to it. But it is interesting to see how the gradual development of a true knowledge concerning the cause and nature of pneumonia has ever tended to demonstrate and endorse the essential and vital similarity between it and the pathogenesis of phosphorus.

Waiving the question of the respective parts (if any) played in the causation of pneumonia by the so-called

pneumococcus of FRIEDLÄNDER and the diplo-coccus of FRÄNKEL, we may define it as an acute infectious disease of short course, characterized by fever, by exudation of red corpuscles as well as of leucocytes into the air-vesicles, with tubular breathing, and by the expectoration of sputum containing large quantities of chlorides, the chlorides at the same time tending to disappear from the urine. This picture of a disease can be matched line by line in what is now known of the action of phosphorus if pushed sufficiently far on the healthy body; every feature of this very definite disease may be found reproduced with curious accuracy in the artificial disease produced by the drug. The diminished coagulability of the blood predisposing to the extrusion of both red and white corpuscles, the fever, the disappearance of the urinary chlorides and their appearance in the sputum, the tubular breathing, all may be found in phosphorus poisoning. The effusion into the pleural cavity also occurs, though we are not aware that the deposit of a false membrane or fibrinous exudate (an extremely common, though not invariable occurrence in pneumonia) has been observed in cases of poisoning. Where pain and pleuritic friction are features in the case, it will therefore be necessary to have recourse to bryonia.

Such is the teaching of the Law of Similars with regard to the treatment of the average case of pneumonia. It is not pretended that these drugs alone in sufficiently small doses will see every case through; but if those who are discontented with the resources of "traditional" therapeutics are searching for a hint of homœopathic origin, it is to phosphorus and bryonia that we would primarily draw their attention, always with the *proviso* that disappointment awaits those who do not select their cases intelligently, or who give doses calculated to aggravate the disease.

FOUR CASES OF TABES DORSALIS (LOCOMOTOR ATAXY), MARKED IMPROVEMENT UNDER TREATMENT.

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THE adoption of the old name "*tabes dorsalis*" for the protean clinical manifestations grouped by Duchenne

under the designation "*locomotor ataxy*" is to be preferred, not because it correctly expresses the pathological character of the disease in question, but because the more modern name is not sufficiently inclusive to cover the different qualities of symptoms which are now known to arise from the same pathological state upon which the disorder of locomotion ensues.

The conclusion that a sclerosis, or primary degeneration of the posterior nerve roots and columns of the spinal cord, or of the conducting fibres of the cranial nerves, is the pathological basis of all phases of tabes, is undoubtedly the correct one, and little has been added in the present decade to a knowledge of the essential causation of this condition, or to the reasons why in some cases one part of the sensory and trophic conducting system are the seat of the disease, and in some cases another.

Two very important inductions from observation over a large number of cases have been formed by all recent writers on the subject. The first of these is in regard to etiology, syphilis is to be credited with the causation in over ninety per cent. of the cases. Personally, I have not yet seen a case where the patient had not previously been the subject of syphilitic contagion. The prevention of the disease is thus undoubtedly no less a complicated problem than the prevention of syphilis itself.

Secondly, from the clinical point of view, it has been found and specially pointed out by Gowers¹ that while certain symptoms are characteristic of all cases in an early stage, for example, the condition of the pupils, the absence of the patellar tendon reflex, lightning pains and some want of co-ordination; when a particular case becomes more advanced, the disease limits itself in a greater or lesser degree either to the upper or lower regions of the sensory conducting systems, the terms upper or lower meaning in this connection cranial or spinal. Cases which exhibit optic atrophy do not as a rule develop much ataxia or trophic derangement of the limbs, and visceral disturbance in these cases is more common. On the other hand, cases in which ataxia is very marked do not as a rule have optic atrophy. The pathological condition is, however, the same in both classes of cases.

¹"Diseases of the Nervous System." 2nd Ed. Vol. I, p. 415.

In facing the problem of the treatment of *tabes*, many considerations have to be borne in mind. The duration of the case, and the quality of the clinical manifestations indicating the probable amount of destruction of the nerve elements, are most important at the outset as serving for a prognosis, and as suggesting the point of view from which a plan of treatment may be formed. The symptoms may cause a great deal of positive suffering from which the patient seeks relief.

In a case of long standing, and if there is reason to believe that considerable tracts of conducting fibres are permanently damaged, it is useless attempting measures for the restoration of function caused thereby. Attention must therefore be given to the relief of the suffering only. On the other hand, there is always a good deal of nervous function not destroyed or in the transition stage, and care and treatment from this aspect of a case is all-important for the patient's welfare. In many cases also which present disorders of general nutrition, visceral disturbance, affections of the skin and joints as well as the sensory and motor state, the former call for special consideration in treatment. Lastly, the close pathological affinity of *tabes* with general paralysis of the insane, the not infrequent concurrence of the two conditions, and the mental disturbance which not unusually accompanies *tabes* in the absence of other symptoms of general paralysis, invite a close study and adjustment of the entire environment of a patient from the mental, social, hygienic, physical and therapeutic points of view.

The four cases of *tabes dorsalis* which follow have been under the author's care for some considerable time. It will be observed that they illustrate all the points which are referred to above; indeed, they are typical of nearly all phases of the disease that have been described by writers on the subject, and the treatment adopted has resulted in improvement in every case.

CASE I.

Tabes dorsalis in a female in which inco-ordination is the predominant symptom. The lower part of the posterior column the seat of disease. Improvement under aurum aluminium, and stannum.

C. R., 36, female, married. Attended the out-patient

department of the London Homœopathic Hospital, Feb. 25th, 1897.

History.—Duration of illness two years. Under treatment at the National Hospital, Queen Square, and Women's Hospital, Euston Road. Sent to me by Dr. Epps. Infection by syphilis through her husband. Had menorrhagia two years ago and soon after began to fall about, and also to have shooting pains in the lower extremities, particularly in knees. She says that now menstruation is regular, but she staggers when she walks and the pains in the limbs continue. Has been treated for ptosis at Moorfields.

Present condition.—The pupils are contracted and do not react to light, and but feebly to accommodation (Argyll Robertson pupil). She cannot stand with feet together and eyes shut without swaying, and she cannot walk in the dark. She cannot walk to a straight line when the eyes are open. Knee-jerks absent. Plantar reflexes absent. Muscular sense normal to tests.

Progress and treatment.—She was first given aurum met. then arg. nit. Pains improved was the next note. Power to walk better. She was not seen again until the autumn, when she was admitted into the hospital from November 3rd to December 8th, and returned to my clinic in the spring.

Notes while in the hospital from November 3rd to December 7th: Pustular rash on the outer side of upper arm, forearm and fingers. The pustules nearly all discharged forming dry crusts. A few pustules on thumb. Diagnosed as herpes zoster. She received pot. iod. gr. v. t.d. increasing to gr. x. t.d. Discharged improved.

On coming to my clinic again she received aluminium 30, which was continued with little interruption until May 15th, 1898, when the note reads: Patient has felt better lately. There is slight inco-ordination on walking with eyes open. Can just stand or walk one or two steps with eyes shut. The pupils react slightly to light and accommodation. Complains of tightness round the knees. C. aluminium. Has remained in situation since March.

June 24th.—Kali sod. gr. ix. t.d. (reason not stated). Patient was not seen again till Jan. 25th, 1899, when she again received aluminium 30.

May 1st, 1899. Good deal of pain in limbs from

exertion. More power and less inco-ordination than before. Walks much better with eyes shut than before. Complains of bearing down and leucorrhœa. Catamenia regular. Stannum 6.

May 15th.—Repeat: Her attendances lapsed again until Sept. 13th, when she was seen by Dr. Stonham. Complains of not walking so well lately. Loss of sensation in left leg. Strained pain in feet and legs when walking. Dyspepsia and constipation. Shooting pain over right eye when walking. Bryonia 3x.

May 27th.—Better except for constipation.

Mar. 1st, 1900.—Stannum again.

July 26th.—Not quite so well. Return of dyspepsia. Pain between shoulders; no appetite. More weakness in legs. Nux vom. 3x.

Aug. 27th.—Dyspepsia better, otherwise the same. Stannum 6.

Jan. 10th, 1901. Patient has been much better until a few weeks ago. Complains of a good deal of weakness and stiffness in legs after menstrual period. Co-ordination much better than formerly. Ordinary gait quite normal. Reflexes absent as before and eye symptoms the same. Stannum 6.

Remarks.—This case exhibits inco-ordination as the predominant symptom, but it will have been noticed that the characteristic symptoms of tabes mentioned above are all present. Unfortunately, owing to the necessity of the patient keeping a situation as housekeeper, she has not been continuously under observation. Her condition now, however, is very different from what it was four years ago. She displayed a scarcely noticeable inco-ordination on coming into the room on the occasion of her last visit. I attribute this most marked improvement to the aluminium and stannum. She received a month's supply of these medicines at a time.

CASE II.

Tabes dorsalis in which both spinal cord and cranial nerves are involved. Double optic atrophy. Gastric crises. Improvement under aluminium 30 and belladonna 3x.

W. S., 43, male, married. Had been a police-officer. Was sent to my out-patient department by Mr. Knox Shaw, Oct. 5th, 1899. Duration of illness three years. Had been at sea in the Navy. Had never had malaria

or dysentery. Had syphilis when a young man. He attributed his present illness to a blow on his head three years ago. Six months afterwards he complained of an altered taste, everything seemed to be sweet or slightly bitter. Then he began to lose the sight of his right eye and become shaky on his legs. He also had pains in the head and legs and an occasional bilious attack.

Condition on examination.—*Mental state* normal. Is often very irritable. *Speech* slightly affected. He is often at a loss for a word and his word co-ordination is rather defective. Articulation is also a little indistinct, especially in the case of the dentals and lingual dentals (d. th. for which he gives v). *Vision* is gone. He can distinguish shadows only with the left eye, the pupil reacts to light slightly on the left side. By the ophthalmoscope there is complete double optic atrophy. *Hearing* and other senses now normal. *Sensory.*—Diminished general sensation of right lower extremity, also tactile sense of right thumb and index fingers diminished. *Motor.*—Gait slightly ataxic (it must be remembered he has not the aid of sight in locomotion). No loss of power. *Reflexes.*—Cremasteric and patellar absent, abdominal slight on left, absent on right, epigastric increased on right, normal on left, plantar on right gives adduction of foot, on left adduction and slight flexion. *Digestive system.*—Has a "bilious attack" about once a fortnight, consisting of headache and vomiting lasting about a day. *Sexual system.*—During the first part of his illness he had no sexual power, now he has excitement without natural result.

Treatment and progress.—Aluminium 30 t.d., bell. 3x at night given until April, 1900, when there is reported less ataxia. No pains in limbs. Has bilious attacks less often, for example, three during past two months. From that time until August he had had one attack in about six weeks. The aluminium (in the day) and belladonna (at night) have been continued at short intervals until March of the present year. Patient also has received instruction in the exercise of his lower limbs and has made an attempt to learn the Brailey system of reading for the blind. In the latter task, however, he has found great difficulty as the sense of touch and fine co-ordination of the fingers required for perception of the position of the multitudinous dots which are characteristic of

this system, with him is defective, especially on the right side, and he is a right-handed man. The ataxia, however, has markedly improved. He has had pains in the legs only very seldom. Latterly the "bilious attacks" have shown a tendency to increase. There is pain on the right side of the head, and occasional vomiting accompanying it.

Remarks.—The character of this case is extremely chronic, and the symptoms just sufficient to make life a burden without much impairment of many nerve functions. The aim of treatment was in the first place to stay the progress of the disease, and so far this appears to have been successful. Secondly, the object was the education of function disturbed by loss in other directions, and on that account misdirected; but success in this aim, in view of loss of sight and impairment of touch, could at best be very limited.

CASE III.

Tabes dorsalis affecting the columns of the cord, and nerves of special sense. Double optic atrophy. Chronic neuralgic pains and diarrhœa. Phosphorus, atropine, acidum phosphoricum, aluminium.

G. H., male, 55, widower. Came to the out-patient department of the hospital on Feb. 5th, 1900. He had been a farrier but had suffered from his present ailment for six years. He gave the following:—

History.—He was healthy as a lad. Had primary syphilis at 24, and at 47 primary and secondary symptoms. Six years ago he sustained a compound fracture of a toe. He afterwards cut his hand, and from the time it healed he found he could not use it well. A year after that his sight began to fail until he became quite blind. He had a discharge from his ear in 1894. Has suffered much from chronic constipation or diarrhœa.

Condition on examination.—Aspect and expression.—A broken down, feeble-looking man with strained expression and corrugation of eyebrows. Is 5 feet 10 inches in height and led by an attendant. He is constantly moving his fingers as if he had crumbs between them. *Mental state* normal. *Sleep.*—He has no sleep the early part of the night on account of pains in the legs. *Speech* normal. *Sensorium.*—Wandering, shooting pains in the occiput and forehead, severe at times. On rising from

his bed he feels as if he would fall. *Organs of vision.*—Right pupil 5 m.m. in diameter, left 2·5 m.m., both insensible to light. Movements of eyeballs restricted in all directions but not abnormal. Slight ptosis on right side. Has no vision. Ophthalmoscope reveals double optic atrophy. *Hearing.*—Can hear nothing by the left ear. By the right he hears a watch close by the meatus but not at all through the bone anywhere. *Taste and Smell* are dull. *Sensory symptoms.*—Hyperæsthesia and increased sensation to pain everywhere over trunk and extremities. Tactile sense deficient in fingers. Heat and cold normal. He complains of much shooting pain in thighs and ankles. *Motor.*—He cannot stand with his feet together, his gait is somewhat ataxic, especially on the left side. Some loss of power in the right hand, co-ordination otherwise fairly normal. *Reflexes.*—Plantar and abdominal increased. Cremasteric absent. Patellar absent. *Sphincters.*—Some loss of control over the bladder. When he gets out of bed micturition will begin involuntarily. When diarrhœa is present he has no control over the sphincters. *Trophic condition.*—Teeth are gone, the nails laterally curved and striated, the skin is dry and muscles generally wasted. *Digestive system.*—Appetite good, digestion fair. No gastric crises. Attacks of diarrhœa, frequently five to seven stools per diem, watery, involuntary. *Urine.*—Sp. gr. 1025 acid, no albumin or sugar.

Treatment and progress.—He was first put on phosphorus 6, which relieved the pains in his head and the diarrhœa partially. On *May 2nd* the dilution was changed to the 12th. On *May 21st* to the 30th, as he complained of the very severe darting pains in the limbs. He was also given powders of atropine 3x, a dose when required. The diarrhœa was much better. *June 20th.*—The pains relieved after three doses of atropine, he had not had them since and had not taken atropine. Slight formication in fingers and feels very weak, with cold, clammy perspirations. Was given pil. ac. phos. 6 and atropine if required. *Sept. 6th.*—Looks a good deal better. Repeat. *Nov. 15th.*—Has no diarrhœa, is stronger, very seldom pains. Was given aluminium 30, and atropine if required, which lately he has only taken very occasionally. This was continued until *March 28th* of the present year, when the report was certainly improved. Is gaining flesh. Complains very little of

pains and hyperæsthesia. Has no diarrhœa and can walk about better.

Remarks.—This is an almost parallel case to the preceding one except that the conditions were much less favourable for benefit from treatment. The man is very poor, and enjoys none of the hygienic advantages which might be considered necessary for improvement. It might be thought that arsenic would be indicated in the case, but the indications for phosphorus were the extreme loss of nerve power, a kind of passive diarrhœa, independent of the digestive process and the placid demeanour which the patient exhibited. Acidum phosphoricum was given later on account of the perspiration added to the above symptoms. The effect of the atropine was prompt and unmistakable.

CASE IV.

Tabes dorsalis with typical Charcot's arthropathic phenomena. Mental depression. Treatment by rest. Belladonna, ignatia, aurum. Much improvement.

J. C., age 45, draper, married, living in a West of England town. Came under observation in November, 1900.

The following *history* was furnished.—He was healthy as a youth. Before marriage, fifteen years ago, he suffered from dyspepsia. He was not then inclined to take much exercise. He had previously suffered from specific trouble. The present illness began ten years ago, the first symptoms being headache and retention of urine. He would have attacks of vomiting after a night of headache, pains in the legs and feverishness. He was treated for a time for stricture of the urethra, but growing dissatisfied with his progress, he abandoned medical advice and treated himself with patent medicines and diet. The attacks continued at intervals, cystitis developed, also a perforating ulcer in the sole of each foot. Last year he consulted Mr. Dudley Wright, who found his condition as described except that the ulcers had healed. Mr. Wright, however, noticed that his patellar reflexes were absent, his gait slightly ataxic and the pupils contracted and insensible to light, such symptoms leading to a provisional diagnosis of locomotor ataxia and the advice to consult a specialist for that class of disease. The patient chose to see Sir W. Gowers, who

confirmed the diagnosis, and prescribed through a local country practitioner a mixture containing arsenic and belladonna. At this time the metatarsal joint of the right great toe had begun to swell, for which Sir W. Gowers advised rest, but the patient thought the swelling due to gout and on that theory took as much exercise as he possibly could. The swelling increased so much that it extended to the ankle joint, which became disorganised and inflamed, and an abscess formed which was opened and a large quantity of pus and oily fluid discharged. The discharge gradually subsided, but the swelling of the ankle-joint increased and extended up the leg. The patient also lost much strength, he became depressed, developed a number of morbid ideas concerning his medical attendants and friends and began to have suicidal impulses. He consented to enter the Bethlem Royal Hospital, London, as a voluntary patient. He remained there two months and his mental condition greatly improved. The abscess of the ankle healed, but the disorganisation of the joint and swelling of the leg continued. A consultation with Mr. C. Makins of St. Thomas's Hospital, relative to the advisability of amputation, was decided in the negative. By the advice of Mr. Dudley Wright to his friends, he was removed from the Bethlem Hospital and placed in a private nursing home under my care.

Condition on admission.—Patient had been keeping his bed at the Bethlem Hospital, but had walked upstairs to the bedroom at the nursing home. I saw him about two hours afterwards. He was exhausted, pulse 120, temperature normal. His mental state was depressed and he had a number of fixed mistaken ideas about himself and the treatment he had undergone. He had no headache, the pupils were contracted and insensible to light. There was some drooping of the eyelids. I made no test of his motor condition or power of co-ordination on this occasion. The sensory condition was fairly normal, and no complaint was then made of pains in the limbs. The patellar reflexes were absent, the plantar being slightly induced on both sides. The tone of all the limbs and body generally was flaccid and badly nourished. There were some brown spots on the skin of the trunk about 3 m.m. in diameter, and the lower part of the trunk was generally hypersensitive to touch. The right leg and

foot exhibited Charcot's arthropathic condition in a typical form. The ankle joint was much enlarged, measuring seventeen inches round the heel and instep at the junction of the foot and leg. The bones were separated, hypertrophied and easily mobile within the joint, and a general swelling of the skin and subcutaneous tissue extended from the metatarsal region of the foot two-thirds up the leg. There was some erythematous inflammation, and a feeling of superficial fluctuation in the neighbourhood of the external malleolus. The patient's appetite and digestion were reported good and the bowels regular. Micturition was rather frequent, but the act delayed in completion. The urine was clear, free from deposit and contained no albumin. The cystitis had evidently been cured.

Treatment and progress.—The case presented several aspects for consideration as regards treatment. First, as regards the mental state. An endeavour was made to create a new mental environment for the man, that is to say, he needed a new objective panorama for his mental vision or imagination, and this could only be formed by new elements of emotion and association arising from a new perceptual order. One of his fixed ideas was that his case had been wrongly diagnosed and wrongly treated, and all his increase of illness during the past two months was due to this. No attempt was made to explain the error of these ideas, but an absolute refusal was given to any discussion of the subject, also an absolute refusal to designate the patient's ailment by any particular name. If anything were wrong in the past it was now to be put right, and the patient's one concern was to fall in with this idea. The moral effect of this attitude along with the healthy atmosphere and surroundings of the nursing home, had a most beneficial influence. From beginning to end of his residence there nothing but improvement resulted. Attention was given to rest and nourishment. Rest in bed was enjoined for three weeks. Solid meat, vegetables, fruit, milk, bread and butter were given as freely as possible. No stimulants or tobacco were allowed. Belladonna 12 was administered night and morning for the first week, then ignatia 12 in the morning and belladonna at night for another week, afterwards aurum met. 3 was substituted for ignatia. The patient soon began to

sleep well, to be more cheerful, to dwell less on his morbid ideas and to look forward to the future. A most marked improvement occurred in the condition of the leg and foot, the swelling in the leg quickly disappeared, as also the inflammation and fluctuation. The circumference of the ankle-joint was reduced in a short time to sixteen inches and there was an evident reduction in the looseness of the joint and the amount of fluid it contained. At the end of three weeks the question presented itself as to how much use of this limb could be allowed, so as to prevent further mischief and to secure a continuance of the improvement. Hitherto, this question had been neglected in the treatment of the case. The patient had had a large soft leather boot made to fit the foot before he had last returned to London, but this evidently gave the weak joint no sort of support, rather the reverse. I therefore had a splint made for him, consisting of a light steel plate in the sole of the boot with two steel bands up each side of the leg, each having a movable joint at the ankle, and a broad leather collar connecting them at the upper third of the leg. This apparatus was moulded and padded to fit the joint and leg, and served to give the limb an admirable support. With the boot and splint on the patient stood up and walked about his bedroom in five weeks, his gait was in the slightest degree ataxic, but he could stand and walk fairly with his eyes shut. A further change was now necessary. As the mental condition was almost normal, arrangements were made for removal to Bournemouth, and advice given to be out of doors every day with just a little exercise of the affected limb. Improvement continued, but the newness of his mental life induced the patient to take rather too much exercise. Symptoms of trophic joint affection showed themselves in the other limb, and a good deal of pain was experienced. Under the care of Dr. Hardy of Bournemouth, this condition improved. After six weeks in Bournemouth the patient returned to his home in the West of England. I have since heard that the left foot has nearly recovered, while the right one remains the same. His wife reports that he is now comparatively enjoying life and is better than he has been for years.

GENERAL REMARKS.

The unmistakable effect of homœopathic remedies,

and of an improved mental and physical hygiene in these four cases, extremely chronic in character, and probably hopeless for ultimate cure, impels the reflection that if seen early enough such cases might be cured. The diagnosis of the disease in its earliest stages is therefore all important, and a further reference to the signs which warrant such a diagnosis is, in this connection, not out of place. The most prominent symptoms for the relief of which the medical practitioner is usually consulted and in which tabes may be suspected, are the characteristic "lightning" pains in the limbs. These occur in the lower extremities usually, and may be readily mistaken for rheumatism or simple neuralgia. They are, however, in the early stage, usually accompanied by slight loss of co-ordination in some of the finer movements of the hands, or in locomotion, and perhaps the occurrence of gastric crises. If inco-ordination is present, the disease is not likely to be overlooked, but in all cases where pains simply are complained of or gastric crises, attention should be given to fine changes in co-ordination, the condition of the knee-jerks and the state of the pupils. The concurrence of the Argyll Robertson pupil and absent knee-jerks might safely be taken as always indicating tabes, and if a patient displays these in the absence of other symptoms, the treatment should be considered immediately.

The above cases also teach that however chronic or hopeless a case may appear, provided the patient can keep about and has control of most of his organic and excretory functions, something can always be done to alleviate his distress and to improve the balance of his nervous power. Such cases repay careful study and repeated observation. Such drugs as aluminium, belladonna (and atropine), mercurius, arsenicum, phosphorus and phosphoric or picric acids are the main drugs to be looked to to influence the diseased process, but many others may be required intercurrently, according to the symptoms at the time of observation. Ignatia, aurum, gelsemium, iris, veratrum alb., chelidonium are within the list.

Old school authorities recommend a prolonged course of anti-syphilitic treatment at the beginning of a case, but none of them give a confident opinion that such treatment is of real avail in arresting the progress of the disease.

Some remarks in conclusion may be made on the treatment of the inco-ordination by systematic exercises as originally recommended by Frenkel a few years ago. With one exception, the theory of these exercises is sound, but the application of them is expensive, as a good deal of apparatus is required.

As they were not used in the above-recorded cases, a reference to detail is avoided, but the one exception referred to serves the purpose of suggesting a plan which can be adopted by all patients. Exercises for the co-ordination of the feet and legs are recommended in the sitting posture, whereas the ordinary use of the legs is always in the standing and walking positions. Exercises undertaken in other than the standing or walking positions are likely to be of little value in strengthening co-ordination. The reason of this is obvious. In the sitting or recumbent position, as far as the trunk and limbs are concerned, the function of the cerebellum is in abeyance, whereas in the normal use of the legs the cerebellum is very active. Purposive movements initiated in the cortical centres of the cerebrum are effected by the limbs, over against the equilibrating function of the cerebellum acting on the synergic and antergic muscles of the trunk and operating for the maintenance of the erect posture. Accordingly, exercises the intention of which is the education of the co-ordination of volition between the eyes and legs, which leave out the influence of the cerebellum, can scarcely be of service for the purpose in view. Exercises for the legs, therefore, should if possible always be ordered to be taken when standing or walking. The best exercise for the lower limbs is undoubtedly a carefully-adjusted walking pace. Various points require attention in this adjustment. The length or distance of the step should be as full as is consistent with the fulfilment of other conditions, and it should observe an even rhythm, which will go a long way to secure an adjustment of length and direction. The adjustment of this latter point may be secured by the adoption of a line easily recognised by vision. In cases where ataxia is marked, this line should be of a certain breadth according to requirements. It is impossible for an ataxic patient to walk to a mere line. Indeed, no person in health ever does such a thing without thinking about it, and the thought of an ataxic

patient in the concern of his movements must not be requisitioned to a point beyond the endurance of his patience. The real necessity for a case is to obtain the control of the will *over* the fullest mobility of all the muscles and joints of the limbs concerned in particular purposive movements. A plan for facilitating these adjustments consists in the patient walking between two friends of the same height and build as himself, who know what exercise he requires. He then is requested to "keep step" with them. The sympathy of having others to walk with who have both the knowledge of what is required and the power to put it into execution cannot but have a strong stimulating and sustaining effect on the patient whose unaided power of co-ordination is inefficient owing to the interruption of the connection between vision and the movements of the feet and legs.

SIXTEEN CONSECUTIVE CASES OF RETRO-PERITONEAL HYSTERECTOMY FOR UTERINE FIBROIDS.

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THE evolution of the present almost ideally perfect methods of abdominal hysterectomy has been not perhaps slow but very gradual. It is interesting to note that the developmental progress was due rather to theoretical ideals than to faulty practice. For in the hands of such operators as Bantock, Tait, and Knowsley Thornton, the ultimate issue left little to be desired. But less practised hysterectomists early realized the unsurgical nature of the practice which left a uterine stump, fixed to the abdominal wall, to slough away. It was rather the exactingness of the surgical instinct—of course with the patient's benefit ultimately in view—than the urgency of the mortality list, which ultimately swept away a method now almost extinct.

Among the earliest efforts in the way of advance was that to secure a living stump, quite apart from the intra-abdominal return of it. In the *American Journal of Obstetrics*, 1889, Kelly records a case in which the

stump was sewn into the abdominal wound without the use of pedicle pins or clamps. The uterine arteries were first ligatured. On several occasions, in the year 1896, I attempted to make a living pedicle, by careful sewing and tying of the stump without ligature of the uterine arteries. But in each instance I had to abandon this on account of the impossibility of arresting hæmorrhage without devitalising the stump.

The next step was the attempt to secure a bloodless pedicle and return in into the abdomen. Goodell relates in the same journal how "the pedicle is transfixed with a double ligature, and tied on either side . . . the pedicle is dropped." Here, though the peritoneal edges were sewn closely together, no definite flap was made, and this can hardly be regarded as a retro-peritoneal method. But it was really an advance on the stage I mention next, in that it secured a living stump. Six consecutive successful cases were recorded. The stage referred to is where a wire clamp was used subperitoneally (Polk). Though this of course necessitated securing the stump to the abdominal wound, it was yet a stage towards the perfect retro-peritoneal method. Of these attempts, all recorded in the same journal and the same year, show the earnest search for a more excellent way by American surgeons. Byford of Chicago, and Meinert, both suggested fixing the stump to the vagina instead of to the abdominal wall, stitching the peritoneum over the stump. Byford opened the anterior and Meinert the posterior vaginal *cul de sac*. The former certainly obtained good results. Both these methods were useful stages in the evolution of a more perfect method, but they were both destined to disappear, because of their complexity and of the liability of the stump to slough.

In the next year a surgeon so progressive as Mr. J. W. Taylor of Birmingham, states that, "All English operators appear to use the extra-peritoneal method of treating the stump."—*Med. Annual*, 1890, p. 512. This was not quite accurate, for in April, 1890, Mr. Treves defended the intra-peritoneal method when discussing Mr. Meredith's paper at *The Medical Society*. It is interesting to me to know that Mr. Treves (now Sir Frederick), from whom more than from any other I derived my first interest in, and received my earliest inspirations regarding surgery, was, as far as I can discover, the first

surgeon in this country to carry out with success, and to advocate the "intra-peritoneal" treatment of the stump in hysterectomies.

I suppose that on few subjects of equal importance in surgery has there been so great an amount of rancorous discussion as on this question. Nor can I remember any where speakers have shown greater ingenuity in misconstruing the meaning of their colleagues.

The chief cause of misunderstanding seems to have been the method of hæmostasis. Those speakers who in the early days persistently opposed the so-called "intra-peritoneal treatment" of the stump, all based their opposition to it on the assumption that ligatures applied to the stump itself were relied on for the arrest of hæmorrhage. Even so recently as 1896 the writer of the article on hysterectomy in Allbutt and Playfair's *System of Gynecology*, although mentioning subsequently that the uterine arteries are separately secured by transfixion, states in his opening sentence that "the stump is secured by ligatures and sutures." It is clear that in the writer's mind some reliance was placed on the ligatures and sutures. Wherever this is done I feel sure the result will be disappointing. I am, therefore, in entire agreement with Dr. Bantock's statement (*British Gynecological Journal*, part xvii., p. 52), when he avers that "Some pedicles would be insecure and dangerous no matter how carefully they were tied." But this is by no means an argument against the retro-peritoneal method; for no reliance should be placed upon ligatures encircling, or sutures penetrating, the muscular or fibrous tissue of the stump. Hæmorrhage must be prevented by securing the arterial trunks and branches supplying the stump, not by ligaturing the stump or any part of it in bulk. Mr. Tait, in the same discussion (*B. G. J.*, part xvii., p. 58), said he had used hydraulic pressure in tying these pedicles, even up to two or three tons, without succeeding in rendering them permanently bloodless, so great is the possibility of shrinking. I would add, that if it were possible by ligature so to render the stump exsanguine, this would be one of the most dangerous methods to pursue, for it would be to court and encourage the death of the stump, and so to risk septic poisoning.

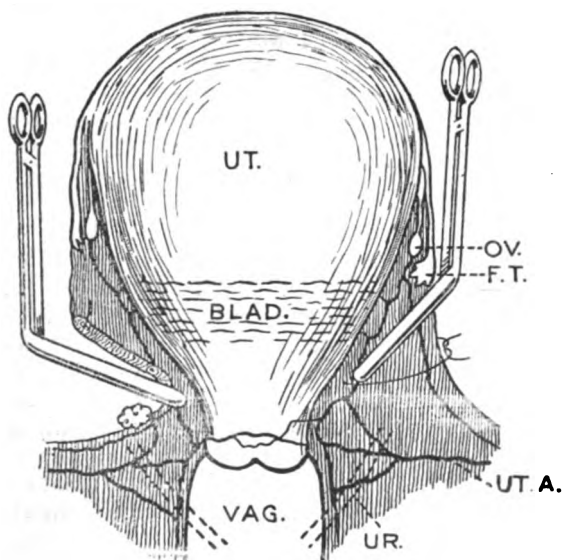
Passing over the earliest cases, such as Knowsley Thornton's in 1877, which was followed by the deliberate

abandonment of the method (because, again, the ligature of the stump was relied on), we come down to the earliest English records. I have referred to the work of Treves. The first record I have traced in the *British Gynæcological Journal* is a report by Dr. Bantock, of a case done by Dr. Jackson in Wolverhampton. Here, too, the ligature was relied on. In Feb., 1890, Mr. H. A. Reeves presented a case of the intra-peritoneal method (successful) to the British Gynæcological Society, and in 1892 the method had penetrated to the Obstetrical Society, the first case being shown by Dr. Leith Napier; while in 1893 Dr. T. C. Hayes reported another case. But the communication which really brought the new operation up as a recognised, though still much opposed, method was a full and interesting paper on the subject by Dr. Heywood Smith, read in Feb., 1892, before the British Gynæcological Society. Three cases by Milton of Cairo in 1890 are mentioned. Dr. Heywood Smith's two cases were successful, but in both there was suppuration round the pedicle. More experience and more perfect technique happily obviates this. Nor is it necessary to use the elastic ligature round the base of the tumour prior to its removal.

Turning now to my own experience: From the very first case of hysterectomy (by the extra-peritoneal method) which I did and watched through on my own responsibility, I realised how defective was the method. Although my patient recovered I began at once to cast about in my mind and, as previously stated, by tentative experiment, for a better plan. In June, 1896, I did my first intra-peritoneal hysterectomy, tying ovarian and uterine arteries separately, and covering the stump with peritoneum. This case was quite successful, but it was unpremeditated, and only done because it was an exceptionally favourable one for the new method. I had never seen the operation performed by another person, and my courage failed me. It was not until Nov., 1897, that I made another attempt, doing several other cases in the interval by the old method with varying results. In the meantime, through the courtesy of Dr. Heywood Smith I had seen him perform the new operation at Warrington Lodge. Since then I have had the opportunity of seeing that and other methods ("panhysterectomy," Doyen's method, Landau's method, etc.) in London by several

operators; in Stockholm, by Professor Salin, who has had a long and brilliant series; in Berlin, by Professors Olshausen and Landau, and in Paris by Pozzi, Segond and Tuffier. I have no hesitation in deciding, for myself at least, that the retro-peritoneal method of treating the pedicle, after ligature of the separate vessels is the operation of choice, wherever the cervix is healthy and is discoverable.

In this *Review*, in Dec., 1898, I described the *technique* which I followed in carrying out the retro-peritoneal treatment of the stump in hysterectomy. It is, therefore, only necessary here to allude to a very few points which have been impressed upon me by later experience. The mode of securing the uterine arteries is a matter of some importance. At a recent meeting of the British Gynæcological Society I pointed out that by placing a Doyen's long pressure forceps on the artery, the point of the forceps being applied close to the cervix (after ligature



and division of the ovarian artery and upper part of the broad ligament), several advantages are obtained:—

1st.—The tumour can be cut away at an earlier period of the operation, thus admitting light and furnishing room for subsequent manipulations.

2nd.—The cut vessels can be tied individually. By this means slighter ligatures may be used, no unnecessary tissue is tied, and there is less likelihood of the ligature slipping.

3rd.—Lastly, but not least, the ureter is less in danger of injury.

The accompanying diagram (*page 345*), altered from one in Greig Smith's book on *Abdominal Surgery*, shows the stages of the operation. On the right side the ligature is placed and not tied. On the left this is tied, the broad ligament is cut, and a forceps is placed on the uterine artery prior to removal of the growth. Doyen's forceps are the only ones I have met with which properly grasp at the points.

Much has been written about placing ligatures on, or sutures in, the cervical stump, and about cleaning the cervical canal. I now never interfere with that unless there is evidence of a septic condition, either from the history or by the presence of retained secretion seen at the time of operation. I am especially careful not to pass the uterine sound for several days before operation unless a special reason for doing so exists.

Nor do I think it desirable to constrict the cervix by ligature as a matter of routine. It is better to isolate the vessel if bleeding exists, and apply a fine catgut ligature. In some cases I have passed a stout catgut or silk "mattress" suture. But the less the stump is interfered with the less likelihood is there of subsequent irritation—pyrexia, pain and pus. In Case VII. a good many ligatures and very careful suturing of the cervix had been used. The chart, *page 355*, shows the febrile attack on the thirteenth day, accompanied with rigors.

As a rule drainage is wholly unnecessary unless the peritoneum of the pelvis has been contaminated by discharge during the operation.

The first case I shall narrate is the only fatal one of the series. Its unusual character will be evident as the notes are read.

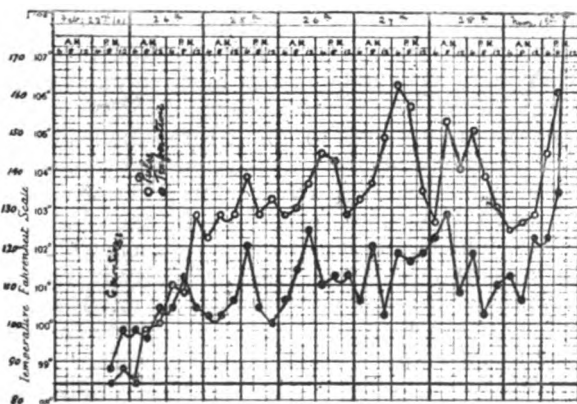
CASE I. MYOMATA OF UTERUS—CYSTIC OVARIES—HYDROSALPINX—HYSTERECTOMY. Death from cardiac failure. Miss C., æt. 43 in January, 1897, came to see me in that year for various nervous symptoms, which were worse at the monthly period, and for menorrhagia. At this time she used from 15 to 20 diapers at each period.

She had also slight leucorrhœa and palpitation, but no dysmenorrhœa.

Soon after this she complained of bearing-down and backache. When examined *per vaginam* a retroflexion was found, and a small Hodge's pessary was inserted. For many months she was much more comfortable and happy.

In October, 1898, her nervous symptoms had been worse again for one month; they consisted of "a dread of something," "... of going mad," of being "mad with fright." "Can't bear to be alone." "Can't take up a newspaper, fearing the result."

The menorrhagia had increased, 20 to 25 diapers being used. She could not go out on this account for the first two days of the period. Decided anæmia was setting in, with oppression at the chest and a feeling as if the heart were grasped. This condition was relieved by ars. 12. In July, 1899, the menorrhagia was still increasing—25 to 30 diapers. Anæmia more pronounced. She said, "Sight goes suddenly, and is giddy for a moment, feels faint, and nearly falls," after the monthly periods. Plat. mur. 3x. In February, 1901, consented to another examination. I found a nodular growth extending out of pelvis, freely movable.



In order to avoid the exhausting hæmorrhage of another period, she was taken into hospital and hysterectomy performed at once. The uterus was tethered down by dense adhesions in which the ovaries were buried. Each ovary was the size of a Tangerine orange, and full of altered blood. These ruptured in removal. One tube was closed, and distended with clear fluid. After operation the pulse and temperature at once ran up as shown on the chart. They began to come down on the fourth day, but patient did not recover. The usual signs of sepsis were absent, such as distension and vomiting; flatus was passing freely.

At a *post mortem* examination the coils of intestine were slightly reddened at points of contact. The fluid of the abdominal cavity contained streptococci.

CASE II. *June 24th, 1896.* E.W., aged 50 years. Reg. No. 534.

Diagnosis.—LARGE UTERINE FIBROID—RETRO-PERITONEAL HYSTERECTOMY (glass tube drain).

Result.—Recovery.

Patient is married, but has had no children and no miscarriages. She always had fairly good health until she was 45, when she was under treatment for fibroid and ovarian tumour. Since then she has been gradually getting worse. Her chief trouble is a continual pain round the abdomen, also in her legs and especially in the right hip. The abdomen is much swollen and there is a large tumour occupying the whole of the right side of it, extending upwards to about three inches below the lower margin of the ribs. It is tense and appears semi-fluctuating, but has not increased in size during the last four years. The periods ceased at the age of 45.

Urine.—She is troubled with incontinence of urine at times, and at others has great difficulty in passing it. The urine contains no albumin—sp. gr. 1020. She suffers from constipation. During the last twelve months she has lost flesh and has been getting weaker.

Treatment.—On July 11th, abdominal section was performed, and a tumour was exposed. The usual broad uterine pedicle could not be found, and it was at first thought that the tumour was of ovarian origin. On further examination it was found that the pedicle consisted of the two broad ligaments with a thin central

cord-like body, which was the attenuated and elongated cervix, not more than the thickness of a small fourth finger. The whole formed a broad, riband-like pedicle. This was tied off in segments, the uterine arteries ligatured separately, and also the cervix. The peritoneum was then stitched over the raw edge of pedicle by a fine continuous suture. A tube was used, which was removed on the 16th. She made a good recovery and was discharged on August 11th.

March, 1901.—Remains quite well. This was my first retro-peritoneal hysterectomy.

CASE III. *November 27th, 1897.* K.F., aged 43 years. Reg. No. 983.

Diagnosis.—SOFT SINGLE MYOMA UTERI—*Operation*—ABDOMINAL HYSTERECTOMY.

Result.—Recovery.

The patient is married, but has no children. Menstruation commenced at the age of 17, and for several years it occurred every twenty-one days, lasting seven days, and was very profuse; but then it became normal until a year ago, when menorrhagia occurred, which has been going on until the present time. Three months ago she began to be troubled with dyspnoea, and at the same time an abdominal enlargement was noticed. She consulted Dr. Ord, who told her that she had an abdominal tumour, and sent her to me for treatment. A tumour extending from pubes to umbilicus was discovered; it was globular, appeared to consist of one large mass, and was diagnosed as a soft myoma—a conclusion confirmed by the operation.

Urine.—Sp. gr. 1020—acid—phosphates—no albumin.

Heart.—Soft systolic murmur in pulmonary area.

Treatment.—On December 2nd, abdominal hysterectomy was performed. Recovery was retarded by a bad cough, and thrombosis of the femoral vein of the left leg. She was discharged, well, on January 1st, 1898.

CASE IV. *January 26th, 1898.* H.H., aged 42, S. INTRA-UTERINE MYOMA EXTRUDED. Complains of pain at monthly periods and menorrhagia. Seven years.

Past illnesses.—Bronchitis and measles, anæmia.

Menstruation. *Last cata.*—Going on constantly for five weeks. For three months too frequent and too

much. Previously to six months ago, cata. seven to ten days, profuse, forty diapers or more. *Character*.—Bright and pale, lately very offensive. *Pain*.—Comes with flow, and increases with it until fourth day, and gradually lessens after. Keeps her in bed for four to five days.

Intermenstrual discharge.—Much leucorrhœa white or brown, acrid, offensive.

Pain (non-menstrual). *Origin*.—Constant, lower part abdomen, or goes into legs. *Character*.—"Dreadful aching," progressive.

Bladder.—Frequency, day two to three hours; night three to four times, dysuria aching and forcing. Urine thick, white when first passed.

Pelvic examination.—Free hæmorrhage. Uterus size of three mos. pregnancy, hard nodular near fundus, not very tender, movable, no glands felt.

Admitted into hospital, February 4th.—Between January 26th and February 3rd, a polypus (fibroma) had extruded into vagina. It was tightly grasped by cervix and commencing to slough—deep purple with mottled in colour, and mucous membrane peeling off in necrotic pieces.

Removed February 3rd by écraseur (wire). Even recovery.

OUT-PATIENT NOTES. September 21st.—Pain in left groin, aching. Retching during catamenia. Leucorrhœa profuse.

Admitted into hospital, September 22nd.

Condition on admission.—Anæmic, suffers from cold feet and hands, increase in abdominal girth past nine months.

Menstrual history (see as above).—Uterus enlarged by myomatous mass to within one inch of umbilicus, movable. The removal of the extruded intra-uterine myoma, therefore, had not permanently benefited patient.

October 1st, 1898.—Hysterectomy, both ovaries also being removed.

October 2nd.—Urine negative. L. parotid gland swollen and tender, difficulty in opening jaw, temp. 99°, pulse 88.

October 16th.—Temp. 101°, pain right side of chest, examination, negative.

October 20th.—Temp. falling. Urine, trace of albumin.

October 29th.—Discharged cured.

CASE V. *April 15th, 1898.* E.W., aged 46 years, single. Reg. No. 888.

Diagnosis.—UTERINE MYOMA—OPERATION—RETRO-PERITONEAL HYSTERECTOMY.

Result.—Recovery.

The patient first discovered a swelling in the lower part of the abdomen in September, 1892, it was discovered quite accidentally. She first came under my care in April, 1893, and has been under observation ever since. At that time the tumour was absolutely symptomless, the patient could walk, dance and skate without discomfort; she had no dysmenorrhœa or menorrhagia. The tumour when first noted reached to two and a half fingers' breadths below the umbilicus, and was nodular and everywhere hard. It filled the pelvis and bulged near the vaginal orifice. The tumour continued to grow slowly for two years until it reached the level of the umbilicus, or slightly above on the left side. About this time (March, 1895) menstruation began to be irregular and scanty, and the menopause appeared to be setting in. In another two years (March, 1897) diminution had taken place, so that the growth was about the same size as in 1893, and during the last six months of 1897 menstruation occurred only in August and December. In January, 1898, the patient complained of neuralgia of legs, and pain in the back. She was less able to walk, and the tumour had enlarged, the highest point (on the left) had reached one and a half fingers' breadths above the umbilicus, *i.e.*, about three quarters inch higher than it had ever been before. This increase in size was apparent only in that part of the tumour situated to the left of the middle line. The increasing portion was found to be soft and semi-fluctuating instead of hard as before, a degenerative change having evidently set in. During the first two months of 1898 there was, for about four weeks, a slight hæmorrhage lasting continuously. In March a very severe bleeding took place, causing pallor and a rapid pulse (over 100). In view of this renewed activity on the part of the growth, operation was recommended at a staff consultation.

Urine.—Sp. gr. 1010. No albumin.

Treatment.—On April 21st, under gas and ether a long abdominal incision was made, extending above the umbilicus, and the tumour exposed. The chief part of the

tumour was tightly wedged in the pelvis and was raised with difficulty. The broad ligaments were filled out by the tumour, which had to be shelled out on each side, a small piece only being ligatured at a time. Gradually the whole was detached until the vaginal attachment was reached. During the course of the "shelling out," anterior and posterior flaps of peritoneum were separated from the front and back of the tumour. After the removal of the latter these two flaps were united by continuous sutures, so that the pelvic floor was completely closed. The abdominal wound was closed in two tiers, no drainage tube being used.

She made a good recovery, and was discharged on May 19th. No malignant changes were found on examination of the growth.

CASE VI. *June 2nd, 1898.* O.M., aged 40 years.
Reg. No. 505.

Diagnosis.—UTERINE FIBROID—OPERATION—RETRO-PERITONEAL HYSTERECTOMY.

Result.—Recovery.

Up to the age of thirty-three the patient was quite strong, and her periods were regular. At that time the catamenia became more profuse, and continued so for two years. Then to this was added a pain which came on the third day of the period, lasting for twenty-four hours. This condition and a discharge all the time between the periods, has persisted until the present time. The pain now comes on the second and third day, but is of shorter duration; it is very severe in the right ovarian region, a dull, aching, throbbing pain remaining for the most part in the same spot, but occasionally shooting towards the back, and remaining in both front and back as a steady pain. During the last six months the discharge has changed in character, getting thicker, and yellow or green; previously it was thin. A day or so before the periods it is increased in quantity, having stopped entirely for the previous two days.

Present condition.—Anæmic, eyes slightly yellowish. Tongue, gums and conjunctivæ very pale. Bowels regular. Urine passes freely.

Heart.—Distinct systolic murmur to the apex.

Physical examination.—A myomata extending about

half inch from the umbilicus, and involving chiefly the anterior wall of the body of the uterus. The mass is extra pelvic, the cervix though large not being involved by the growth. The os is petulous; the patient has had one child. During an attendance of some two years as an out-patient the tumour has varied with menstruation but has not definitely grown. The reason for proposing operation was the increasing hæmorrhage, and her extremely trying environment, which rendered it impossible to rest as she was obliged at the monthly time. Moreover her heart was suffering from the anæmia, the apex beat being displaced outwards.

Treatment.—On June 4th, retro-peritoneal hysterectomy was performed. She made a good recovery, and was discharged well, and wearing a belt, on July 14th. She remained well and regained strength very well afterwards, and is able to work hard.

CASE VII. Hannah H., æt. 42. Admitted September 27th. Discharged October 31st, 1898. (From notes by Dr. Moss, late house surgeon.)

UTERINE MYOMA—HYSTERECTOMY, RETRO-PERITONEAL. Cured.

Patient was admitted for abdomino-pelvic tumour, menorrhagia, and offensive intermenstrual colourless discharge.

The only severe illness patient has had is variola; her father died at 47, of phthisis; her mother is strong, æt. 80.

Menstruation.—Duration six days, passes large black clots. Irregular since 1886 (last confinement). She has had pain for two days, which passes off suddenly. The days of most pain vary, they are 1st and 2nd, or 3rd and 4th, or any two days. The pain is of a dull dragging nature down groins and legs, both sides equally; relief from moving about. Leucorrhœa is watery, colourless and offensive. There is frontal and vertical headache, worse at the monthly period. Appetite is poor; bowels regular; patient is very anæmic. Abdomen very fat. In right iliac region is an ill-defined mass felt through the fat. No free fluid in abdomen. Urine, sp. gr. 1012, slightly acid, no albumin, no sugar.

Pelvic condition.—By vaginal and rectal examination. A tumour extends in middle line to two and a half fingers'

breadths of umbilicus; on right side reaching to umbilicus or above. The tumour is drawn up out of pelvis and the cervix is not involved.

Heart sounds weak, no bruits.

October 1st.—Abdominal hysterectomy by the retro-peritoneal method; right ovary removed.

Recovery was disturbed by a rise of temperature apparently due to some irritation round the stump, which was tender to touch. A rigor took place as shown on the chart (*plate 355*). She was discharged quite well on October 31st, and has remained so.

CASE VIII. LARGE UTERINE MYOMATA. October 12th, 1898. M.W., single, æt. 44. Sent to me by Dr. Bennett on account of uterine hæmorrhage occurring almost continually for six months. For as long as two and a half years the menstrual loss had been profuse and premature. At first the colour is very bright and the blood is clotted, afterwards it is pale and watery. Latterly menstruation has been accompanied by a good deal of aching in the lower part of the abdomen. Between the periods there is profuse, pale yellow, watery discharge, bland and not offensive. Has had dysuria previously; not now. Patient is anæmic, and has had a good deal of dyspnoea, but this has been relieved by rest in bed and treatment prescribed by Dr. Bennett. She has cold dry hands and feet, and no palpitation. There are hæmic cardiac bruits. Pulse tracing shows some tension. An abdominal tumour extending to half an inch from umbilicus was found; hard and multi-nodular, with one boss very prominent in the right iliac region. The tumour is continuous with the uterus; portio vaginalis not involved; mobile; no disease of appendages made out. Operation at a Nursing Institute, October 18th, retro-peritoneal. Perfectly uneventful recovery.

March, 1899.—Colour now good; is much stronger than before operation. The sphygmogram has lost all sign of tension, there is no mitral bruit, and only a faint one at base.

CASE IX. November 30th, 1898. C.S., aged 59 years. Reg. No. 1037.

Diagnosis.—MYOMATA AND MALIGNANT DISEASE OF UTERUS—OPERATION—RETRO-PERITONEAL HYSTERECTOMY.

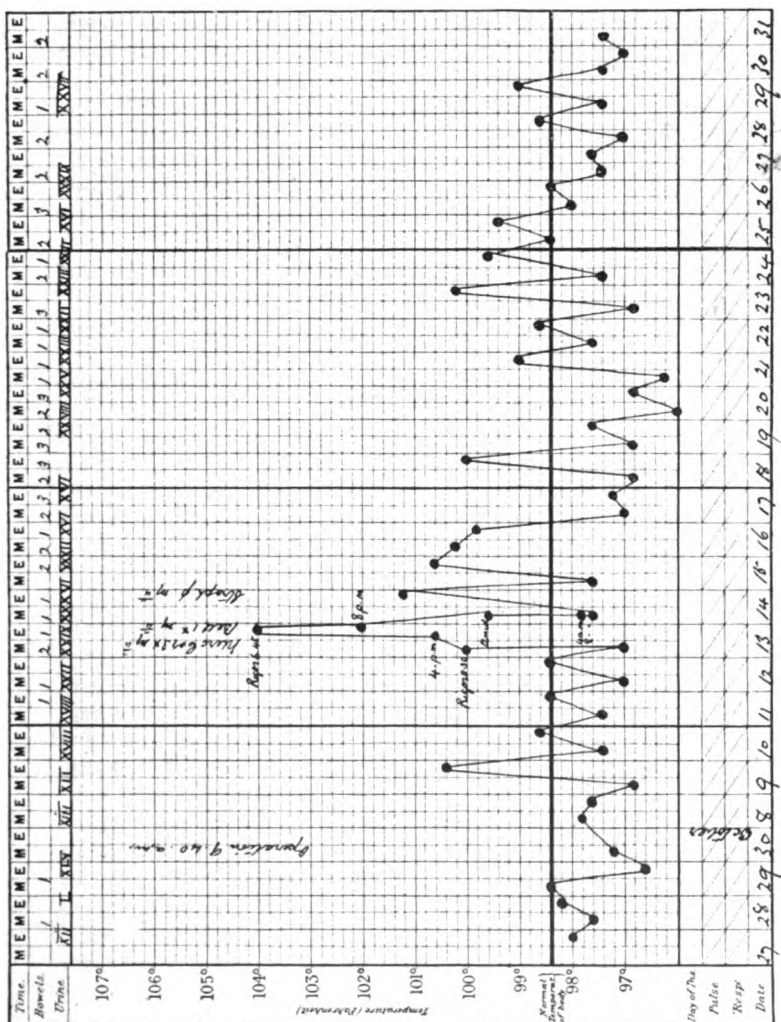


CHART TO ILLUSTRATE DR. NEATBY'S CASE VII.

Result.—Recovery.

Two years after the menopause the patient began to be troubled with a slight hæmorrhagic discharge, accompanied by pain and a feeling of weakness in the back. This continued off and on for some years, sometimes stopping for a few months. Four months before admittance into the hospital she had an attack of severe pain in the lower part of the abdomen, shooting down the groin and thighs. From this time the discharge increased in quantity, and the pain in the back became worse. The discharge is bright red and profuse, but not offensive.

General condition.—The patient is losing flesh and getting weaker; spirits are pretty good; appetite fair. Bowels regular, some pain on defæcation, but no hæmorrhoids. Heart sounds normal, but weak.

Urine.—Sp. gr. 1030, very acid, no albumin, no sugar.

Per vaginam.—Vagina small and contracted about upper part, especially posterior fornix. Cervix and os very small; uterus quite movable. The body of uterus is larger than normal, and hard nodular masses were felt on the posterior surface.

Treatment.—On December 3rd the uterus was removed by the retro-peritoneal method. It was enlarged and nodulated, the nodules being due to small fibroids. On section the body of the uterus was seen to be infiltrated with a malignant growth, which was breaking down. The cervix appeared to be entirely free from growth. She regained strength slowly, but ultimately made a good recovery, and was discharged on January 4th, 1899.

CASE X. *January 13th, 1899.* LARGE SINGLE MYOMA. Miss P., aged 41, was sent to me by Dr. A. H. Croucher on account of occasional attacks of retention of urine—the catheter having been used. Dr. Croucher found a fibroma in April, 1898, of the size of a small orange after passing the catheter. Again a few days ago catheter became necessary, and the tumour was found to be larger.

Last menstruation three weeks ago, five to six days. Moderate. Dark clots, offensive. The period every four weeks. No pain.

Initiation.—Age 15. Irregular at first.

Leucorrhœa.—Last ten years. White, bland. Does not increase.

Bladder.—Five to six times daily. Three times at night. Usually has to wait ten to thirty minutes before it will pass.

Physical examination.—Hard mass felt in lower part of abdomen, extending to within three and a half inches of umbilicus, not in iliac fossæ. Cervix is down, forward, and strongly to left. It is within one and a half inches of vaginal orifice. Tumour and cervix uteri continuous one with another. Pressure on cervix moves tumour in opposite direction. Tumour chiefly corporeal, and extends more forward than backward. Appendages not clearly to be felt.

Per rectum.—Left ovary large, not tender. Right not felt. On Feb. 29, 1899, at the Leaf Cottage hospital, Eastbourne, with Dr. Croucher's co-operation, I removed the tumour and uterus. Patient made an easy recovery and has remained well.

CASE XI. *January 31st, 1899. L.B., aged 39 years. Reg. No. 191.*

Diagnosis.—UTERINE FIBROID—OPERATION—RETRO-PERITONEAL HYSTERECTOMY.

Result.—Recovery.

Patient is a hospital nurse. Two years before admittance into the hospital she first noticed a swelling of the abdomen; a year later she noticed that this swelling was irregular and hard, and she was told by a doctor that she had an ovarian cyst. For about eighteen months she has had menorrhagia, but not much menstrual pain—some leucorrhœa.

General condition. Patient is anæmic and is sometimes troubled with faintness, and also with heats and flushes. Appetite very good—some flatulence. Bowels are constipated, and she has hæmorrhoids, which sometimes bleed. She suffers a good deal from neuralgia and headaches, which are worse during the periods.

Heart.—The first sound is "impure," more marked towards the sternum than the axilla; the base sounds are clear. The condition points to anæmia, rather than to any valvular lesion.

Urine.—No albumin. No sugar.

Physical condition.—A central, softish, elastic tumour

reaching to the umbilicus; it is easily movable, and does not fill the pelvis. The vagina is very small, the cervix points back, and is quite continuous with the tumour.

Treatment.—On February 4th the uterus, the tumour, and the left ovary and tube were removed through an abdominal incision by the retro-peritoneal method. The patient made an excellent and straightforward recovery, and was sent to Eastbourne on March 7th.

CASE XII. *May 3rd, 1899.* E.B., aged 38 years. Reg. No. 441.

Diagnosis.—FIBRO-MYOMA OF UTERUS AND RIGHT OVAR-
IAN DERMOID—OPERATION—RETRO-PERITONEAL HYSTEREC-
TOMY.

Result.—Recovery.

The patient, who is a hospital nurse, was quite healthy until six years before admission to the hospital. Menstruation commenced at the age of 14½, and was regular, but profuse, until three months after she commenced her hospital duties. She then noticed that the catamenia came on every seventeen or eighteen days, and would last about ten days, and was very profuse. Three years ago she began to have severe pain in the left side of the abdomen, which came on with the period, and would last from forty-eight to fifty-six hours. Latterly, she has had a great deal of pain between the periods, in the lower part of the back. During the periods she has pain in the abdomen, back, and under the left breast. The bowels are constipated. The uterus was found to be much enlarged, and lying to the left of the nodule line. A tumour mass filled up the sacral hollow; this was best felt per rectum.

Urine.—Sp. gr. 1020, acid, no albumin.

Heart.—Faint, hæmic, systolic murmur inside the nipple. The heart is dilated, the second pulmonary sound is rough and accentuated.

Treatment.—On May 6th, under gas and ether, an abdominal incision was made, and the uterus and right ovary were removed by the retro-peritoneal method. The incision was closed by three rows of sutures—peritoneal, fascial, and superficial. On opening the uterus a fibro-myoma was found on the posterior surface, which was undergoing mucoid degeneration. On incising the ovary it was found to contain a dermoid cyst (hair,

sebaceous material, etc.), and also a few small cysts superficially. The patient made a good recovery, and was discharged on May 31st.

This patient was kindly sent to me by Dr. Wilkinson, who subsequently reported that she remained well.

CASE XIII. *June 29th, 1899.* S.S., aged 44 years. Reg. No. 595.

Diagnosis. — UTERINE FIBROID OPERATION — RETRO-PERITONEAL HYSTERECTOMY.

Result.—Recovery.

The patient is a single woman, and has had a fairly healthy life with no serious illness, but for ten years she had epileptic fits at times. Six years ago the catamenia, which had previously been regular, became excessive and frequent, recurring after an interval of only a week. She was operated on by me for polypus. For four years she menstruated regularly, but in December 1898 the periods again became profuse and frequent. Bowels are constipated. Appetite fair.

Per vaginam.—The uterus was found to be large, the cavity measuring four inches. A small myoma was diagnosed.

Heart.—Systolic apical murmur.

Abdomen.—Pain on pressure above the pubes.

Urine.—Sp. gr. 1020, acid, no albumin.

Treatment.—On July 1st, under A.C.E., abdominal section was performed, and the uterus and both ovaries were removed by the retro-peritoneal method. She made a good recovery, and was discharged on August 1st.

CASE XIV. SMALL MULTIPLE MYOMATA AND PELVIC PERITONITIS. Recovery. This case was related in full in the January (1901) number of this *Review* by Mr. Frank Shaw and myself. It is therefore unnecessary to go into details again. The patient had been bed-ridden for seven years on account of hæmorrhage and pain, and was extremely emaciated and helpless. Examination under anæsthesia showed the posterior surface of the uterus to be studded with small myomata, and the mobility of the organ was lessened. The broad ligaments were contracted and thickened. A great deficiency in the quantity of urea excreted was found.

On April 3rd, 1900, at her own house, the uterus and

1



and temperature for the first week, and may be regarded as fairly typical of the recoveries by this method.

CASE XV. TWO LARGE FIBRO-MYOMATA AND MULTIPLE SMALL ONES.

A lady, æt. 48, was sent to me by Dr. Epps, on account of enlargement of abdomen by a growth which had been noticed two years or more (July 17, 1900), beginning first on the left side of the lower part of the abdomen, above the groin.

The patient's family and previous personal history were apparently devoid of significance. She had a good deal of standing in business. She menstruated regularly and moderately, but on her first visit said her period was ten days over-due; she complained of pruritus vulvæ et vaginæ and thought the tumour was "rapidly enlarging" the last two or three weeks. She suffered slightly from flatulence and palpitation; the pulse was 84, and of fair quality; patient thought she was latterly thinner, except the abdomen. She said she had no leucorrhœa.

On physical examination an irregular hard tumour, very prominent and nodular, extended from the pelvic floor to the umbilicus. The cervix was lying to the

front, near the symphysis pubis, and was not involved in the growth. Behind, filling Douglas's pouch, was a hard mass belonging to the same tumour. The cervix moved readily on moving the tumour in the abdomen, and reciprocally, though of course less so.

Operation was recommended on the ground of the rapid growth and commencing pressure symptoms. It should have been stated that latterly micturition had been very much more frequent. On August 1st the tumour was removed by the retro-peritoneal method. An uninterrupted recovery was made. On section of the tumour a small embryo of about one month was found occupying the uterine cavity. It is figured in the *plate* accompanying. The pelvic portion of the tumour was softer and much more vascular than the upper part, and appeared to be actively growing, but no other difference was noticed on microscopical examination. There was no suspicion of pregnancy when the operation was advised; but had this been known it would have formed an additional and imperative reason for operating. Delivery would have been simply impossible *per vias naturales*.

In October 1900, patient was seen and was quite well.

CASE XVI. MULTIPLE SMALL MYOMATA. (From notes by Miss L. Cunard Cummins.) E.P., S., æt. 49, has attended as an out-patient for several years on account of dysmenia and brownish intermenstrual discharge. In October 1898 she was in the London Homœopathic hospital, and I removed a mucous polypus, and curetted the uterus. The improvement was not long lasting, and the symptoms distressed the patient so much that in August 1899 I again took her into the hospital and curetted.

Menstruation has always been profuse, especially the last year, necessitating her staying in bed. There has also been constant pain in the left iliac region of a shooting and aching character. The uterus was found, on examination, to be enlarged, and to contain small myomatous nodules. At the operation in December, 1900, there were found two nodules (myomata) the size of a walnut, embedded in the uterine wall, one at the fundus, and one at the junction of the body and cervix.

In this case both ovaries were left *in situ*. They were unusually small for a case of myoma with hæmorrhage.

The uterine arteries were clamped before removal of the uterus and tied afterwards. The microscope showed some of the (paler) parts of the tumour to be composed almost entirely of unstriped muscle cells, the rest a mixture of muscular and fibrous tissue. Recovery was uneventful.

REVIEWS.

Aphorisms, Definitions, Reflections and Paradoxes: Medical, Surgical and Dietetic. By A. RABAGLIATI, M.A., M.D., F.R.C.S. Ed. London: Baillière, Tindall & Cox, 1901.

THE above title is certainly a "fetching" one, and we looked forward with expectancy to find much that was original and valuable, and such as would add largely to our knowledge. But we regret to say we have been much disappointed. We rise from the perusal of the book feeling that we were as wise before we began it. It consists of 282 pages, and it is arranged in a series of 552 paragraphs numbered, in the aphoristic style, and enunciated in rather more of the *ex cathedra* mode than we think the substance of them justifies. They consist of what every well-qualified practitioner already knows, or ought to know. The whole essence of Dr. Rabagliati's teaching in this book is that all diseases are caused by over-feeding. We all know and recognise that people eat too much, far more than is good for them, and in consequence suffer from many ailments that they would not otherwise have. But our author's contention is that it is practically the cause of all diseases, from corns to cancer. To show that we do not exaggerate in wording this statement, we quote par. 477: "Corns, or papillomata, and cancer, or epitheliomata, are both overgrowths of epithelium and they both arise from an excess of material in the blood. From which consideration comes the indication that to cure corns and to prevent cancer we ought to restrict the diet. We must recommend oligo-siteism and oligaki-siteism, possibly sometimes even a-siteism for a time. As simple and malignant diseases shade off into one another by insensible gradations (chronic mastitis, *e.g.*, and scirrhous mammae are often found together, and it is sometimes difficult to say where the one ends and the other begins), corns and cancer may be viewed as different phases of the same process of disease, or as diseases of the body similarly brought about." And after,

in par. 548, speaking of infantile diseases caused by over-feeding, or improper feeding, he thus continues in par. 549: "But to continue the account of the ailments due to poly-siteism and pollaki-siteism" (which, being interpreted, means over-feeding and too frequent feeding.—EDS.), the natural order of the rest, or their succession in time, is something like the following: 'Dyspepsia or indigestion, often accompanied with a dark band under the eyes, and pallor and apparent oppression after meals, with or without pain and fever, generally without, when the affection is still slight. Flatulence, acidity, herpes labialis, herpes lingualis, going on to the formation of little painful ulcers of tongue—or mouth—mucous-membrane (or of gums seldom), tonsillitis, peritonsillitis, parenchymatous tonsillitis or quinsy, follicular tonsillitis, *ulcus gastricum*, constipation (sometimes diarrhoea), bronchitis, asthma, broncho-pneumonia, pneumonia, rheumatic fever, chronic or mild and long-continued rheumatism, chorea with heart affections, pleurisy, scanty deep-coloured urine, often depositing yellow or red precipitates—uric acid and urates on cooling, poly uria, pollaki-uria, chilblains, corns, Raynaud's disease and juvenile gangrene, cystitis in women with urethral caruncle, nephro-uretero-cystitis, 'impressionability of the mucous membranes', otherwise the bronchial and urinary troubles already named; 'meteorological impressionability,' otherwise great susceptibility to take cold; *pruritus ani et vulvæ*, oligo-menorrhœa, amenorrhœa, dysmenorrhœa, menor-rhagia, poly-menorrhœa, and pollaki-menorrhœa, pharyngitis, ulceration of the pharynx with loss of substance of the same, soft corns between the toes with ulceration, gout, erratic pains, muscular, neuralgic, periosteal, often very obscure and called neurotic (initic?); waking tired in the morning and with subnormal temperature after plenty of sleep; facility of being fatigued. I might have mentioned the infectious diseases of childhood, but I refrain from doing so, although I feel pretty certain that they also are mainly predisposed to by kako-siteism. Migraines are also due to poly-siteism and pollaki-siteism, as well as sick headaches, eczema and various other skin affections, early baldness, loss of teeth, hot flushes followed by cold turns, clammy skin, obesity, sparseness and attenuation, tendency to become feverish on slight causes; anæmia or constipation of the tissues, sleeplessness and torpor, glycosuria, Bright's disease, heart disease, various angiotic and visceral changes, congestions, hæmorrhages, as epistaxis, hæmatemesis, hæmorrhoids, *ulcus intestinale*, apoplexy, carcinoma, passive effusions, serous and sanguineous, or ichoro-eilemmatitis. I have already mentioned waking depressed and with a sub-normal temperature, an excess of urea and

uric acid in the urine, and constipation, as marks of poly-siteism and pollaki-siteism." In fact the cause of all diseases is over-feeding, including influenza, of which Dr. R. says (par. 131), "I should consider it disgraceful to be attacked under sixty-five years of age by influenza and pneumonia, or by influenza, and the long, slow, cardiac depression which is often associated with it. I do not say I should think it disgraceful to have influenza simply, although even of that I should feel somewhat ashamed; but I should think it a disgrace to have influenza with complications. I should know that I had been for a long time over-fed—that I had been suffering from the effects of poly-siteism and pollaki-siteism."

The essence of Dr. Rabagliati's pathology of disease is "swelling and shrinking"—the contraction and dilatation of vessels, and of tissues, to the exposition of which doctrine he devotes considerable space. But there is nothing new in this. The influence of the vaso motor nervous system in producing primary contraction of vessels and subsequent reactionary dilatation as the initial phenomena in inflammation, is well known, and is the basis of one of the various theories explaining the action of homœopathic remedies. In *Fletcher's Pathology*, published somewhere about 1830, this subject is fully elucidated, and leads directly as a corollary from it, to the double action of medicines, exemplified in homœopathy. And, in fact, we see that our author finds himself on the verge of such a position or deduction. But he goes no further, and what he does say is so vague that we cannot feel sure what he is practically driving at, or what he really thinks on practical therapeutics as a deduction from his contraction and dilatation views. We quote all we can find as bearing on drug treatment, and our readers can judge for themselves, if they can, what he is thinking or aiming at. Par. 341, headed "Drug action on the body" is as follows: "The same succession of actions on the economy occurs on the administration of many drugs or pharmaceutical preparations, it being the rule that the secondary effect of most, if not all, of these is the opposite of the primary. While some agents cause primary contraction and subsequent dilatation, and are therefore contractivo-dilators, or shrink-swellers, others act in the reverse direction, and induce a primary swelling followed by a subsequent contraction or shrinking; they cause first the state of *laxum*, which is, however, soon followed by that of *strictum*. Examples of the first set of agents are, as has been instanced, cold, wetness, wind, etc., and also such medicines as arsenic, iron, strychnine, etc., or the class commonly called tonics, or bracing remedies. These are the contractivo-dilators. Examples of the second set of agents are opium, alcohol, ether,

chloroform, etc., or what are generally termed stimulants and narcotics. These are dilative-constrictors." Par. 342 says, "This double and opposite action probably arises through the fact that some agents and some drugs tend to act rather on the longitudinal elements of tissue, and particularly of blood-vessels, while others tend to act rather on the transverse elements. In this case the same succession and alternation of action will appear after the action of drugs as we have seen to appear from the action of other agents, length shrinking being accompanied by cross-swelling, cross-swelling in turn stimulating cross-shrinking, and cross-shrinking being accompanied by length-swelling. But however this may be," 343 says, "as the actions or effects of these different agents are double and opposite in both cases, dilatation following contraction and secondary contraction following primary dilatation, it is evident that a proper quantity of any of them might be so administered as to combat the effect of its own primary action." In 351 he says, "Speaking generally, over-action of a part or tissue or organ is apt to be followed by under-action of the same, or even by inability to act at all." 352 says, "The permutations and combinations of four things taken two and two together appear to have puzzled the medical mind in all known history. The four things are action and re-action (shrinking and swelling, or swelling and shrinking), and large amounts, or large doses, of agents, and small amounts, or small doses, of the same." 353 goes on, "It is in respect of treatment mainly that this puzzle has removed itself from the academic to the practical sphere, and has given rise to such differences of view and practice among different schools of practitioners as have given occasion to the laity to sneer at medicine, as if sound views in it were either not attainable, or, at least, never have been attained." 354 is as follows, "If, however, there is a starvation from over-repletion, if there is an attenuation caused by excess, it may be necessary, as we have already seen more than once, to treat attenuation and wasting by diminution or restriction of the diet, and not by increase of it. And it may be also advisable, as no doubt it often is, to treat such symptoms as might be caused by the secondary or re-actionary efforts of pharmaceutical agents by such small doses as may be calculated to induce their primary or actionary effects." 355 and 356 are as follows, "These statements are the obverse of that which says that moderation in all things is the only safe rule. The effect of moderate contraction is then followed by a dilatation so moderate as scarcely to be noticeable, and the effect of moderate dilatation is to be followed by a contraction so moderate as to be scarcely perceptible also. The effect of immoderate or excessive contraction, on the other hand, is to be followed by immoderate

dilatation, and of immoderate dilatation by excessive or immoderate contraction. We formerly saw how these principles hold as regards food and its administration, and we now see how they govern drug administration also. The action, primary and secondary, of any agent on the body is proportional to the quantity of the agent in action (not necessarily to the quantity taken, which is often a very different thing), and inversely as the resistance of the organism or perhaps of some function of the resistance, otherwise we might say the cause may act in arithmetical ratio while the resistance varies in geometrical ratio. We have already seen that predisposition is inverse resistance, and it must not be forgotten that predisposition is greatly determined by the long-continued action of the environment on the organism."

We have given these long extracts—in fact this is the whole that our author says of drug action and treatment—in order to do him justice, and not to be charged with misrepresenting him. Dr. Rabagliati is, as we have said, at the threshold of homœopathy, from a theoretical point of view, but as he says nothing of having put his views to the test practically, we cannot but look on his state of mind as other than vague, and such as may lead him by further study (practical of course, we mean), of the double action of medicines, to find that homœopathy is the true method of therapeutical treatment. We could wish that he could have told us that he had practically tested the truth of his views, and found it a success. But as he has not done so, we can only hope that this result will follow, and we assure him that if the quest is honestly carried out, and with the study of homœopathic works so as to guide him in his trials, the result is a foregone conclusion. He will find plenty of literature in our journals and elsewhere as to the double or reverse action of drugs, and we can only commend them to his study. But put so cautiously and vaguely in his book, we doubt if allopathic readers or reviewers will perceive the position he finds himself in, or what, if followed out in practice, must lead to his adoption of the law of similars as a therapeutic rule in practice. The only other mode of treatment he notices is proper feeding, and as he considers all diseases to be caused by over-feeding, he advocates diminished feeding as the chief means of cure and prevention of disease. His *beau-ideal* is two meals a day. Three meals a day is pardonable in certain circumstances, and he even advocates one meal a day in many cases, and he gives some good cases of cure by this means. But we are inclined to think that he rides his hobby too hard, as most men do who have a hobby.

It will be noticed in the extracts from his book which we have given, that there are many new and fearful looking words. We looked for a glossary to explain them, but found none. In fact, Dr. Rabagliati evidently considers it a great part of his mission in medicine to re-construct the medical names of diseases, etc. In this, we fear we cannot look on him as other than a failure. His new terms are uncouth to a degree, and dreadful as are some modern medical words, his are worse and worse. In the matter of feeding we have a-siteism, mono-siteism, di-siteism, tris-siteism, poly-siteism, pollaki-siteism, kako-siteism, oligo-siteism, agatho-siteism; initis (for rheumatism), pan-eilemmatitis, poly-eilemmatitis, izanic, œdanic, triphthœmia or cata-tribœmia (for anæmia), etc., etc. We are afraid we cannot live up to such cacophonous words, and prefer to lead a quiet life if possible.

On the whole, the book, beautifully got up, is a disappointment.

The Use and Abuse of the Harrogate Mineral Waters. By ARTHUR ROBERTS, M.D., M.R.C.S. Third Edition, revised and re-written. Harrogate: "Herald" Office, 1901.

We congratulate Dr. Roberts on having a call for a third edition of his little work, and we cordially advise all who send patients to Harrogate, and who do not know the details of the waters, their constituents, their powers for good or ill, with the knowledge that a physician practising on the spot has, to read this booklet carefully. They will find much valuable information which will be of much help to them, in selecting the right cases for treatment by the baths and waters, and thus will save much disappointment to themselves and their patients. Especially do we endorse Dr. Roberts's advice that patients sent to Harrogate should not fail to get the advice of a physician on the spot, and abide by his directions. We have ourselves always acted on this plan, and have refused to give detailed advice as to the baths and waters, and we are sure our patients have reaped the benefit of such action on our part. We have therefore much pleasure in commending Dr. Roberts's work to our readers, and it is written in a very readable manner.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE Eighth Meeting of the Session 1900-1901 was held at the London Homœopathic Hospital, on Thursday evening, May 2nd. Mr. Dudley Wright, F.R.C.S., President, in the chair.

SECTION OF GENERAL MEDICINE AND PATHOLOGY.

A paper was read by Dr. Bryce of Edinburgh, entitled—
SOME PERSONAL EXPERIENCES OF THE ACTION OF REMEDIES
WITH REFERENCE TO MEDICAL CYCLES AND
PRESENT DAY TENDENCIES.

Dr. Bryce said that medicine in the nineteenth century is a good example of the spirit of the age, which shows itself first of all in the pride of reason. The medical mind has had before it a method of saving human life, which has been established by an immense accumulation and sifting of facts, but the ultimate ground and reason of which science has not yet been able to explain. It is also seen in the revolutions of practice—the cyclical movement which is ever bringing us back to the same point in the medical orbit. The belief that plants possessed miraculous virtues belongs to primæval times, and as recently as the beginning of last century, in remote places, treatment was largely domestic, the knowledge of the use of herbs by the country people being handed from one generation to another; particularly as to which herbs should be prepared by infusion and which by decoction.

Although moderns pride themselves on sero-therapy and the use of tissues as a new discovery, we have the fact that it was in full force as early as 1691. We find that there is not a tissue nor a secretion, that does not flourish as an almost infallible remedy. Even the brain tissue of a perfectly healthy young man, instantaneously killed, was digested, then distilled and prescribed as “A noble Ante-pileprick.”

This sero-therapy and animal tissue treatment was succeeded by the heroic cycle of the lancet, the leech, the blister, and the calomel dosing.

After alluding to some of the “horrors of calomel,” in interesting comparisons between actions of the metals, and drugs from the vegetable kingdom, Dr. Bryce gave some illustrations of the remarkable action of podophyllin, which called out the experience of various members present. Drs. Hughes, Dyce Brown, Dudgeon, Blackley, Stonham, Byres Moir, Burford, Lambert and the President taking part in a discussion on the subject. Dr. Bryce replied.

Dr. Munster of Croydon, then contributed—

TWO CASES OF BULBAR PARALYSIS WITH PARTIAL RECOVERY
AND REMARKS ON DIAGNOSIS AND TREATMENT.

In the first of these cases the patient suffered from ptosis of either side, inability to close the lips properly, consequent difficulty in eating. A well known specialist for nervous

diseases in London, reported the case to exhibit "The serious 'superior and inferior nuclear palsy,' degeneration of the oculo-motor nuclei at the top of the pons, and of the nuclei of the medulla below, with some of the grey matter of the cord, causing some wasting and weakness of the sterno mastoids, the left pectoral and serrati muscles."

Electricity was given a good trial with no appreciable advantage. Alumina 3x and gelsemium 3x, and plumbum 30 were given, but the one remedy that appeared to be most satisfactory was strychnine. The free use of atropine and belladonna was invaluable during the serious catarrhal attacks from which patient suffered. Rectal feeding was also an immense help, as feeding by the œsophageal tube was unsuccessful. At the present time, after two years, patient is in a fair state of health, she talks quite intelligently and is able to look after her house and family.

In the second case the paralytic symptoms came on as a complication to chronic bronchitis. The patient was so bad that œsophageal feeding had to be adopted, but she began to improve when strychnine was injected hypodermically. The bulbar paralysis from which she suffered seemed to be prejudicially affected by the attacks of chronic bronchitis. She was admitted to the Homœopathic hospital under the care of Drs. Blackley and Goldsbrough, and returned after about five weeks, much improved. In the following October she was threatened with relapse and returning paralytic symptoms of tongue and soft palate, and increase of cough and expectoration. Strychnine was again prescribed but without benefit. Plumbum 3x and bell. 1x were tried, and she at once exhibited an improvement, which has been maintained.

Dr. Munster then dwelt in detail on the *homœopathic* treatment of bulbar paralysis, and suggested sixteen remedies more or less related to its symptoms, which he arranged in four groups, as follows:

GROUP I.—*Metals*. (1,) Plumb; (2,) Barium; (3,) Zincum; (4,) Argent. Nit.

GROUP II.—*Deliriant Narcotics*. (5,) Belladonna; (6,) Duboisin; (7,) Hyoscyamus; (8,) Stramonium.

GROUP III. (9,) Gelsemium; (10,) Conium.

GROUP IV.—*Six unrelated drugs, viz.:* (11,) Guaco; (12,) Crotales; (13,) Dulcamara; (14,) Anacardium; (15,) Arnica; (16,) Sulphur.

Of these sixteen drugs, four seem to stand out prominently, viz.:—Plumbum, Belladonna, Gelsemium and Guaco.

The paper was discussed by the president, Drs. Blackley, McNish, Byres Moir, Lambert and Stonham, and Dr. Munster replied.

NOTABILIA.

BRITISH HOMŒOPATHIC CONGRESS.

WE would again remind our readers that the Annual Congress will be held in Liverpool on Thursday, September 19th, under the presidency of Dr. Clifton, of Leicester. Papers will be read by Drs. Herbert Nankivell, Hawkes (of Liverpool), and Washington Epps. Dr. Roberson Day will also exhibit a series of photographs of children's diseases, as lantern slides.

The usual circular with full details will be issued in July.

D. DYCE BROWN.

BRITISH CONGRESS ON TUBERCULOSIS.

WE are asked to announce that this Congress, under the patronage of his Majesty the King, will be held at the Queen's Hall, Langham Place, W., from Monday, July 22, to Friday, July 26. All communications should be addressed to Mr. Malcolm Morris, the Honorary Secretary-General, at 20, Hanover Square, W. The fee of membership is £1.

The preliminary programme promises papers and discussions full of interest under four sections, devoted respectively to the following aspects of tuberculosis: State and Municipal; Medical; Pathological and Bacteriological; and Veterinary. It is hoped that a museum will be formed.

A STUDY OF SOME OF THE PRIMARY PHYSIOLOGICAL EFFECTS OF OPIUM, AND THEIR RELATION TO THERAPEUTICS.¹

By ELDRIDGE C. PRICE, M.D., Baltimore, Md.

IN its action opium is undoubtedly one of the most peculiar drugs to be found in the *materia medica*; its effects in many instances being most difficult to classify in relation to therapeutic principles, when applied to the healing of the sick. As Dr. Hughes says, in his *Pharmacodynamics*, "Its action is as complex as its composition, and it has been as easy to unravel." It has, therefore, been a task of no mean proportions to carefully consider all the obtainable data bearing on the physiological action of opium, and particularly the primary action of medium, or non-toxic, doses of the drug.

¹ Read before the Southern Homœopathic Association, Oct., 1900. Reprinted from the *North American Journal of Homœopathy* for April, 1901.

The following, therefore, embodies in a condensed form the views of some of the leading writers and experimenters upon the salient points bearing upon the question of the primary action of medium orthodox doses of opium :

Pareira teaches that opium is a stimulant, though from the knowledge of his day he recognizes the fact that the symptoms are not always uniform.

Beck says, unqualifiedly : " In *moderate doses*, its primary effect is to excite the system."

George B. Wood remarks : " At first moderately stimulant to the parts to which it is applied, and to the circulation, and energetically to the nervous system generally, and especially to the brain."

Isaac Ott, in his *Action of Medicines*, says : " The action of opium is very similar to that of morphia. Morphia causes excitement, acceleration of the pulse, followed by its reduction, the breathing is hurried, and then slowed ; the skin is at first red and tingling, then pale, with sweating, headache, nausea, vomiting, dryness of the mouth, and narrowing of the pupil, and sleep."

Here we can also trace a suggestion of belief in the primary stimulant effect of the drug.

Phillips calls attention to a "sense of fulness in the head, which seems to commence in the nape of the neck, and to spread therefrom," which may be due either to arterial excitement, or to venous congestion.

Nothnagel and Rossbach state that "Opium produces all the acute and chronic symptoms that morphia does." Their conclusion is that morphia is a stimulant in moderate doses, which is but another way of stating their belief that opium is a stimulant.

One important point these authors call to our attention, which should always be remembered in our researches about the action of morphia or opium, is as follows : "No proper conclusions can be made from experiments on brutes," when endeavouring to secure information of the effects of the drug on human beings, because of the well-known fact that human beings are so much more susceptible to the action of opium than are the lower animals. This fact seems to have escaped some of our experimenters, to judge of the large number of experiments made upon the lower animals with morphia.

H. C. Wood throws doubt on the primary action of opium being stimulant, except in the case of those who are accustomed to the use of the drug as a stimulant : "The stage produced is rather the fabled calm of the lotus-eater than the energetic activity of production."

Bartholow says of the action of "small medicinal doses" :

"The action of the heart becomes stronger, and the arterial tension rises. When opium agrees, the sense of fatigue vanishes, and muscular movements become more rapid and easy. The face flushes a little, the pupil contracts slightly, the conjunctivæ may be somewhat injected, and the expression of the eye more brilliant. At this stage the ideas flow more rapidly, but are less sustained and orderly."

John V. Shoemaker declares unqualifiedly that "opium is a stimulant." Shoemaker further denies the statement of Nothnagel and Rossbach that opium and morphia are practically the same in their effects. He says: "The drug is not perfectly represented by morphia." A still later authority, however, Cushny, asserts that, "The action of opium is, therefore, practically identical with that of morphine." His laboratory experiments do not include an investigation of the effects of opium, but morphia engrosses his attention. He says: "The action of morphine on the central nervous system seems to consist, then, of a mixture of stimulation and depression, which are not equally marked, however, throughout the divisions of the central axis. The depression seems to be produced mainly in the brain, especially in those parts associated with the higher intellectual faculties, while the stimulation affects first the spinal cord."

This suggests the idea that the centres of animal life are primarily stimulated by moderate doses of morphia, though the higher or intellectual centres are depressed by the same dose. It is, however, more especially the physical life of the organism with which we are concerned when speaking of stimulation (not so much with the intellectual life), and consequently we are at liberty to regard morphia as causing a stimulant effect primarily in the sense which concerns us, similarly to opium.

Butler agrees with Shoemaker when he states that "The physiological action of opium differs in some respects from that of morphine or codeine." Of opium he says: "Small doses accelerate the pulse, rendering it fuller and firmer, and dilate the arterioles, though increasing arterial tension. The action is due to stimulation of the vasomotor mechanism of the circulatory apparatus. Opium seems to act differently upon the brain and spinal cord. Upon the former it produces a temporary period of excitement, varying in duration according to the size of the doses administered, small doses greatly stimulating the imaginative faculty. Opium first stimulates and afterwards depresses the higher centres, the same action being subsequently manifested in the lower centres." "The cerebral exhilaration is doubtless the result on an increased blood supply to the brain." "In very small

doses opium slightly stimulates respiration." "The temperature is at first raised, but later lowered when free diaphoresis is established."

In the proving records to be found in the *Cyclopædia of Drug Pathogenesis* may be noted sufficient evidence corroborative of the experiments and views already stated, of the stimulant effects of moderate doses of opium.

Within certain limits of dosage opium always causes primarily a stimulant effect. The larger the dose the shorter the stage of stimulation. Some persons are, of course, more susceptible to opium than are others, and this possibility must always be remembered when studying the drug. For example, the 4th proving record in the *Cyclopædia of Drug Pathogenesis* shows $2\frac{1}{2}$ grains of the drug to have stimulated the pulse in a few minutes. Record 8a notes, pulse "large, full, and quicker than usual" after 2 grains; while the same condition was recorded by prover 14a, a woman, after $\frac{1}{4}$ of a grain. Further, record 22 contains a statement that both pulse and respiration were increased after taking the 12th and 30th dilutions, record 25 credits the 1st dilution with producing an "excited condition," while under the 31st record is a quotation from *Sharp's Essays on Medicine* which states that "I have tried many experiments with doses from gtt. $\frac{1}{100}$ to gtt. ij of tinct., and in every instance the pulse has been quickened, and sometimes rendered sensibly fuller, in 2 or 3 m., e.g., from 66 to 68 and from 70 to 76." Finally, evidence may easily be discovered in these *Cyclopædia* records, that opium has produced *acute* primary symptoms. For example, in the 5th record, "Grintz took 4 dr. of a tincture by dissolving one part of purified θ in three of rectified spirit and three of distilled water; within a few minutes noticed slight pain over whole head, bordering on congested feeling." In record 6, Heisterbergk took 1 gr. "After 1 h. cutting pains in abdomen set in." In record 7a, Kneschke took $\frac{1}{4}$ gr. and in half hour "pressing frontal headache followed." Also after $\frac{1}{4}$ gr. Lippert felt "dull gentle headache" and "slight aching in bowels." Record 13a notes that Edward Jörg took one drop of tincture, and in a few minutes had "cutting pains in abdomen." Frau. Ch., record 14a, took $\frac{1}{4}$ gr., and in half-an-hour "was seized with confusion and severe pain in head." The same prover took $\frac{1}{2}$ dr. of tincture, and in 25 minutes had "uneasy movements in stomach." Again, she took 1 dr. of tincture and in 5 minutes felt "pains in stomach, approaching nearer to actual cutting." Prover 26a took 3 dr. 1st dilution, and of him it is recorded: "Soon, pressive headache in forehead, pressive pain in l. hypochondrium." Prover. 35 reports

having taken one dose of 4 grains of opium. "One hour after swallowing it I had violent headache."

All this evidence of the acute action of opium must be considered, even in the face of the assertion made by Hahnemann in his *Materia Medica Pura* (vol. ii, p. 287), in italics, that, "*Opium is almost the only medicine that in its primary action does not produce a single pain.*"

Of the action of opium Dr. Richard Hughes says: "Various theories have been formed to account for the phenomena—as that the drug is stimulant to some parts of the nervous system, but depressant to others; that it stimulates at first, but narcotizes afterwards; that it is stimulant in a moderate dose, but a narcotic in a larger one. None of these explanations have ever satisfied my own mind." (*Pharmacodynamics*, p. 699). Dr. Hughes then gives his views, which are that, "Opium is throughout its action a direct paralyzer of of the nervous system, and that the apparent stimulation present during its earlier effects is due to the removal of the restraint exercised on the circulation by the vascular nerves." His explanation of the cerebral excitement due to opium is, "by supposing a heightened cerebral circulation to be present through depression of the inhibitory influence of the vaso-motor nerves of the organ."

Assuming this to be the case, how can we explain away the fact that small doses of opium cause heart action to become stronger, and arterial tension to rise, together with greater ease and rapidity of muscular movements? (Bartholow). It is true that the arterioles are dilated by small doses of opium, but it is also true that arterial tension is increased. Increased rapidity of action of the heart may be present with a paralytic tendency and venous congestion, but the latter conditions will not be found when the heart strength is augmented and arterial tension increased, as is found to be caused by opium. (Cushny, Butler.)

Certainly Dr. Hughes' theory very much simplifies the question of the principles governing the therapeutic application of opium, but the most recent investigations in this corner of the field of physiological medicine compel us to believe that opium in moderate orthodox therapeutic doses acts primarily as a stimulant, whether used for physiological experimentation or for healing the sick. In large, or anodyne doses, there is no doubt of the sedative action of opium. Unlike Dr. Hughes, I am not at all surprised that exactly opposite results should follow the administration of small and of large doses of opium, respectively, even though greater variation in the size of the dose be required for this difference than half a grain of the drug. Few drugs, probably, elicit a

greater variance of individual susceptibility than does opium, and while four grains may be required to produce as much effect in one experimenter as half a grain in another, we need not be surprised that half a grain may act as a stimulant in one patient and one grain act as a sedative—causing a paralytic tendency—in another.

From all the evidence adduced the conclusion seems obvious, that opium in moderate orthodox therapeutic doses causes stimulation of the organisms as its primary effect. Of course, when given in large doses, such as are used therapeutically for hypnotic purposes, the drug primarily causes an opposite effect, the subject of the experiment being plunged into a stupor from the moment the full effects of the whole amount of the drug are felt. But this latter fact of the action of large doses of opium I am not considering.

THERAPEUTICS.

As a stimulant to the brain and spinal cord, where there is great depression, opium is sometimes prescribed by physicians of the older school. Such conditions exist in "the collapse sometimes attendant upon the cold stage of fevers." (G. B. Wood.) "Small doses of opium—5 drops of the tincture, for instance—have an excellent stimulant effect in the case of a weak or dilated heart." (Shoemaker.) "As a supporter of the system when the vital forces are weakened by acute or chronic disease or injury there are few drugs as efficacious as opium. It calms and strengthens the debilitated heart, and secures to the patient refreshing sleep, soothing and invigorating his system by means of the much-needed rest." (Butler.)

Such cases of relief depend upon the relationship of dis-similars.

Opium is largely used also to relieve pain, regardless of the cause, whether from inflammatory or neurotic disturbance. Sleeplessness is one of the conditions in which the drug is largely used; but it is not a safe drug in cases of chronic insomnia, as the opium habit can readily be contracted in such cases. Both in pain (colic) and insomnia, the drug must be given in large doses, and it may be readily seen that the principle involved is that of contraries, because of the fact that in the healthy, doses of the same size will produce a similar benumbing effect as in the deceased. Under these circumstances opium is simply palliative, and the physician may be justified in its use as a choice of evils; the inevitable continuance of pain or the temporary relief by the drug. After surgical operations the active principle, morphine, is almost universally used by all surgeons, whatever be their

therapeutic beliefs; and antipathy is the principle upon which this temporary relief is secured.

In *respiratory disorders* this drug and its alkaloids are often used. Morphia, codeia, or the new derivative, heroin, are prescribed to lessen the sensibility of the irritated mucous membrane, but where there is copious secretion of mucus the use of these agents is not safe, because of the danger of suppressing the secretion, or subduing the irritability of the nerve centres of supply without affecting the mucous secretion, whereby suffocation may be induced by the accumulated secretion. The principle of action is here that of antipathy, and temporary results only are to be expected.

The use of opium in *asthma* depends upon the same principle, and temporary effects only are obtainable, and, furthermore, there is more or less risk of establishing the opium habit in such cases. In fact, opium is not a safe drug to use in material doses in chronic difficulties of any kind, because of the danger of becoming habituated to its use.

In *hæmorrhages*, whether from the intestines or other parts of the body, opium (or morphia) is used, because of its power to quiet the restlessness that so often accompanies hæmorrhagic conditions, thereby allowing the parts requisite rest for clots to form. In bowel hæmorrhages peristalsis is checked by the drug, and hence clot is allowed to form. Of course the matter of rest is merely mechanical, but when small doses are used the quieting of the attending pain depends upon the law of similars.

George B. Wood says: "*The antiperiodic action*, which is often strongly evinced by opium, may be considered as dependent directly upon its stimulant operation upon the cerebral centres." This would suggest that relief from intermittent and remittent fever paroxysms, for which opium is sometimes used, is dependent upon the law of similars; ten minims of the deodorized tincture of opium being the dose recommended under these circumstances. (Bartholow.)

In cases of *diabetes*, in which opium is said to produce good results, the action of the drug upon the nerve centres is doubtless responsible. Whether this is because of the anodyne effect—the nerve activity upon which the formation of sugar depends being inhibited—or because of the possible power of opium to stimulate the glycogenic function of the liver, is difficult to say. Dr. Richard Hughes calls attention to this latter possibility in his *Pharmacodynamics* (4th ed., p. 709). He says: "Opium has a certain amount of reputation in the treatment of diabetes. If it does more than palliate symptoms, it must be, I think, in virtue of its homœopathicity to disease. Dr. Coze, of Strasburg, wishing to

determine its action on glycogenesis, injected 15 grammes of a solution of muriate of morphia in distilled water into the jugular vein of a rabbit. The urine was not examined; but the quantity of sugar in the urine was found more than doubled, and likewise that contained in the arterial blood. Bernard, too, has lately informed us that morphia determines glycosuria after the same manner as woorara and puncture of the floor of the fourth ventricle, viz., by increasing the circulation through the liver."

For the *suppression of morbid intestinal discharges* opium is an old remedy. Here the result is brought about by quieting peristalsis (as in hæmorrhages, as stated), and also through the general paralysis of sensation and of all function. This effect is produced in the healthy experimenter by large doses of the drug, and consequently, when large doses are prescribed to give relief in morbid conditions, the principle of action is that of dis-similars. It must not be forgotten that small doses of opium primarily stimulate physiological peristalsis, while, as said, large doses primarily check intestinal activity.

"Many kinds of *nausea and vomiting*, stomachal or reflex in origin, are arrested by opium preparations." (Bartholow.) Small or moderate doses are used for this purpose, and, consequently, the principle here involved is that of similars, because opium in moderate doses has produced nausea as a primary effect. [Cushny, Ringer (morphia), *Cyclopædia of Drug Pathogenesis*, records 5a, 16b, 26a, 29a.] Where large doses are used for relieving nausea and vomiting, the nervous supply of the stomach is temporarily paralyzed, and the condition of nausea is thus overcome. The principle of contraries is here responsible.

In *the various neuroses* in which opium and its alkaloids are prescribed, including chorea, epilepsy, tetanus, and hydrophobia, full doses are given. As morphia has caused both anodyne and convulsive effects in mammals (including children, especially in the convulsive action), it is somewhat difficult to say whether or not the relationship here is that of antipathy or of Homœopathy. Certainly in hydrophobia, where the special senses are acute, the relationship is not that of similia, because morphia in large doses blunts sensibility. (Cushny, p. 200.) In convulsive states of the organism the nerves are in a hypersensitive condition, and opium or morphia reduces this hypersensitiveness to the opposite condition of subsensitiveness.

In *simple constipation* opium is sometimes prescribed. Here the drug must be used in small doses; the fractional amount which relieves may not exceed the thousandth of a grain. "Round, black, hard balls" characterizes the appearance of

the fecal discharge. In the torpid condition of the intestinal tract which causes the pocketing of the feces, the character of which has just been stated, the drug evidently acts by stimulating peristalsis, the therapeutic principle being that of dissimilars.

In *lead constipation*, however, the condition is different, the metal constipating "not only by its astringent action, but also by the tetanic spasm of the intestines caused by the irritating action of the lead upon their mucous membrane. The feces are held by spasmodic intestinal contraction, relief of which by a small dose of opium, sufficient to induce peristalsis, will be followed by evacuation." (Butler.) From this spasmodic state of the intestines results the colic which frequently accompanies this constipated condition, and here we are strongly inclined to believe that the law of similars underlies the relief given by opium in small doses. This belief is founded upon the experiments noted in the *Cyclopædia of Drug Pathogenesis*, in which the provers of small material doses of opium (to which attention has already been called) suffered from abdominal pains, which were most probably due to an increased peristaltic activity which could readily be converted into a spasmodic condition of the intestinal muscular fibres, whereby pains closely simulating those due to lead poisoning could be produced. I can imagine no other cause for the intestinal pains alleged to have been produced by opium.

In *febrile conditions* opium may sometimes be homœopathically indicated, from the fact that together with other evidences of a primary stimulant action the temperature is raised by moderate doses of the drug.

In *coma*, whether uremic or not, opium in small doses will sometimes give relief. This is because of its power to cause stimulation, acting here somewhat like digitalis. The same may be said of *apoplectic tendency*. In this condition of cerebral congestion, or even in apoplexy itself, we find a strong resemblance to the effect of toxic doses of opium. We are, however, not dealing with such profound toxic effects of opium, but with the physiological effects of medium doses, and the conclusion to be adopted from the facts in the case is, that the relief afforded by opium in such condition is due to its stimulant action, and consequently the law of dissimilars is responsible.

In cases of *retention of urine*, due to paralysis of the detrusor muscles, the drug gives relief by stimulating the paralyzed muscles, and hence antipathy is the principle involved.

In *lock jaw*, and in *all convulsive conditions* in which opium is prescribed in stupefactive doses, the conditions are relieved

by relaxing muscular tension, and consequently the principle of dissimilars is more than probably responsible for the relief.

SUMMARY.

As a summary of the various uses of opium to which attention has been called in relation to the two great therapeutic principles, the following is submitted :

1st.—The primary effect of medium, non-toxic doses of opium is, in a general way, stimulating to organic function.

2nd.—This knowledge may be applied in treating the sick, in accordance with the law of dissimilars in some instances, and in accordance with the law of similars in other instances.

3rd.—The law of dissimilars is probably responsible for results in the following conditions: In nervous depression, cardiac debility, and even tendency to collapse; in irritability of the respiratory mucous membrane; in asthma; coma; apoplectic tendency; and in retention of urine from weakness or paralysis of the detrusor muscles. Stupefactive doses come under this principle in all convulsive conditions, most probably; in morbid intestinal discharges; and in all conditions where it is desired to benumb nervous sensibility.

4th.—The law of similars is probably responsible for results in the following conditions: In intestinal hæmorrhage. (Here this law is responsible for relief, depending upon the amount of drug administered.) In periodic conditions; in diabetes mellitus; in relief of nausea; in lead constipation with colic; and in febrile conditions. In such conditions as epilepsy, chorea, tetanus, and hydrophobia, small doses may prove curative because of the homœopathic relationship between the condition and the excitant effect of medium doses of the drug upon the nervous system.

THE TREATMENT OF PNEUMONIA.

At a meeting of the Clinical Society of Maryland, Brown called attention to the four-fold tendency of the work in this line during the past year, viz.: first, the growing tendency in favour of hydro-therapeutic measures; second, against the systematic use of drugs of any kind; third, the greater attention to prophylactic measures; and fourth, the holding out of a greater semblance of hope that in the near future an effective method for controlling the toxæmia may be found in an anti-toxic serum.

Oser in the ensuing discussion, expressed his deepening pessimism as to the outlook for these patients. We have

gotten rid of the high mortality rate in diphtheria, in typhoid, in scarlet fever and measles ; in fact, all the eruptive diseases, combined with their complications, do not kill as many people annually as pneumonia alone. There are fewer mistakes in the mortality records of pneumonia than in any other disease: it kills quickly and promptly. What are we to do against it is the question. He is convinced of one thing—that in the rigid, thorough and systematic hydropathic treatment, we have the best grounds for hope of a slight reduction in the mortality of this disease. He has used these measures heretofore, that gave the best mortality record according to the statistics collected by May: but his pneumonia statistics are equally as remarkable, all of the cases have been treated faithfully with ice-bags, and the mortality record statistics are the same to the very figures, namely, twenty-five per cent. of the cases died. Of course many physicians have a lower rate in private practice. He hesitates to tub all cases, whereas he thinks that we can give effective sponging to practically all. The cold sponge should be thoroughly given, and it is not far behind the cold bath in general unpleasantness and good effects. The use of saline infusion often helps to support and tide over a weak heart; but as to the value of oxygen he is doubtful. What we need to-day is a careful study of a large number of cases seen in private practice, where better opportunities exist for seeing and observing them. *Virg. Med. Semi-Monthly, viâ The Hahnemannian Monthly, March.*

To this we may append the opinion of Dr. Talamon (*L'art Médical, March*): "Pneumonia is the most deadly acute disease of our climates, and its average mortality in the hospitals is twenty-five per cent."

LIVERPOOL HAHNEMANN HOSPITAL AND HOMOEOPATHIC DISPENSARIES.

THE fifty-ninth Annual report of the Dispensaries in Hope street and Roscommon street, and the thirteenth report of the Hahnemann Hospital, Liverpool, lie before us, and they show proof of vigorous and conscientious work in all departments, as the following summary will demonstrate.

Number of In-patients treated within the Hospital during the year ended 31st			
December, 1900	...	...	424
Admitted during 1900	...	...	400
Patients treated in Convalescent Home,			
West Derby	...	...	45

OUT-PATIENT DEPARTMENT, HOPE STREET.

Attendances at the Dispensary	...	...	37,713
Visits at own homes	...	...	3,055

ROSCOMMON STREET DISPENSARY.

Attendances at the Dispensary	...	...	25,346
Visits at own homes	...	...	1,664

Dr. John D. Hayward has joined the consulting staff on his retirement as surgeon, Dr. C. W. Hayward and Dr. Cash Reed being surgeon and assistant surgeon respectively.

At the Annual meeting, held in February, an accumulating debit balance was discussed, and a handsome offer was announced from Lord Dysart, namely, that he will give £500 towards the £3,000 estimated as necessary for improvements, and £1,000 towards the £6,000 of accumulated debt, on condition that the respective balances are subscribed by other friends of the Hospital before August 4. Mr. John Temple subscribed £100, and Mr. Hahnemann Stuart £50 in support of Lord Dysart's generous "challenge offer." We trust that the enlightenment and wealth of Liverpool will see these deserving and valuable institutions out of their difficulties before the issue of the next annual report.

THE HAHNEMANN CONVALESCENT HOME AND
DISPENSARIES, BOURNEMOUTH,
ANNUAL REPORT.

THE twenty-fifth Annual Report of the work of this well-known Institution was presented to a general meeting of its supporters on February 6th, and shows that the work continues to grow. The chief part of the patients residing in the home suffer from some form of chest complaint, and we notice that 158 out of the total of 216 are cases of phthisis. Although the success of the treatment at the home is known to be great, yet the medical staff modestly decline to report any case of this disease as "cured." Sixty-four are returned as "much improved," and fifty-six as "improved."

The thoroughness of the work is shewn by the pathological report, which states that 111 specimens of sputum were examined for tubercle bacilli.

Quite naturally the largest number of patients come from London and its suburbs, and next in order comes Hampshire, but from such distant parts as Essex, Yorkshire and Northumberland patients seek out the Hahnemann Home.

Extra work has fallen upon the Home during 1900, in the shape of military convalescents, of whom eight were received. The work of visiting Dispensary patients has been resigned by Dr. Frost, but in other respects the medical staff remains unaltered.

Financially, as in other respects, the report is a satisfactory one.

OBITUARY.

HENRY M. SMITH, M.D., New York.

WE regret to see, in our American exchanges, the announcement of the death of Dr. H. M. SMITH of New York, who, for more than forty years, has constantly and earnestly devoted himself to the propagation and development of Homœopathy in the United States.

Born in New York in 1835, he resided there during his life. He graduated at the University of New York in 1860, and during the same year joined the American Institute of Homœopathy. He enjoyed a considerable practice in the city at one time, but his principal work was in homœopathic pharmacy, in which he was actively engaged for forty-five years, and, during this time, he edited, in collaboration with the late Dr. P. P. Wells and the late Dr. Carrole Dinham, the *American Homœopathic Review*.

On the American Institute of Homœopathy he was one of the most prominent, most zealous and enthusiastic of workers. His work for that Association will alone keep his memory green among the members for many years to come. *The North American Journal of Homœopathy* describes him as being "at times abrupt in his speech, prompt in defence of his friends or his principles, devoted to the interests of the Institute; seeking no preferment of self, he embodied to a degree the spirit of the founders of the Institute—he was one of the old guard. The amount of work he accomplished for the Institute during the many years he laboured for it was immense; whatever he undertook to do was carried out with a tenacity of purpose that compelled success; and while his devotion to details was at times almost pathetic in its earnestness, he left no duty neglected.

"His greatest work, perhaps, was in connection with the Hahnemann Monument. On this he laboured faithfully in season and out of season for eight long and often discouraging years. That he lived to see the splendid monument royally dedicated at Washington last June is now a source of infinite gratification to his friends. Dr. Smith was of a kindly nature and possessed a fund of dry humour that often surprised those who knew him best."

We doubt if any one in the United States had a more complete knowledge of the history and development of Homœopathy in the Republic, than had Dr. H. M. Smith. His medical library and collection of journals and pamphlets relating to Homœopathy was most extensive. During the last four years he "had devoted his time largely to his work as Necrologist of the American Institute, which his painstaking attention to detail made very considerable. The Pharmacopœia of the American Institute, of which he was one of the editors, and the raising of the Hahnemann Monument at Washington, for which he was secretary and treasurer of the fund, had occupied a great deal of his time and attention.

"He died of pneumonia on March 16 at the home of his daughter in Escondido, California, after an illness of about a week."

Few men will be more missed from the meetings of the Institute, or more deeply regretted by its members, than H. M. Smith; and deeply do we sympathise with our colleagues in the great loss that they have sustained.

At a special meeting of the Hahnemann Monument Committee of the American Institute of Homœopathy, held at the residence of Dr. William Tod Helmuth, 504, Fifth Avenue, New York, Dr. J. H. McClelland in the chair, the following preamble and resolutions were unanimously adopted:—

"Whereas, through the death of Dr. Henry M. Smith this Committee has lost one of the most active and efficient members, and,

"Whereas, through the untiring energy and perseverance of Dr. Smith much of the successful working of this Committee can be attributed, therefore

"Resolved, that the Hahnemann Monument Committee of the American Institute of Homœopathy has sustained an irreparable loss in the demise of Dr. Smith, and offers this resolution as a tribute to his perseverance and self sacrifice in assisting to secure a lasting monument to the founder of Homœopathy in the United States of America.

"Resolved also that copy of this preamble and resolutions be presented to the American Institute of Homœopathy at its next meeting in June, and to the family of Dr. Smith."

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Mr. C. J. WILKINSON.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays and Saturdays, 2.0; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Wednesdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Dental Cases, Wednesdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Wednesdays, 9 A.M.

Dr. Bernard Arnulphy informs us that he intends to practise at Vichy as Consulting Physician. He also points out a vacancy for a homœopathic physician at Cannes, where no successor to the late Dr. Giles has yet appeared.

Dr. Ramsbotham, upon leaving Leeds, will settle at Fairstead, Ripon Road, Harrogate, on July 20.

Dr. Percy Capper has removed from Tunbridge Wells to Rocklands, London Road, St. Leonard's and Ellangowan, Bexhill-on-Sea.

Letters have been received from the following:—Dr. CROUCHER (Eastbourne); Dr. GOLDSBROUGH (London); Dr. TOD HELMUTH (New York); Dr. HUGHES (Albury); Dr. MALCOLM MORRIS (London).

BOOKS RECEIVED.

Lachesis Trigonoecephalus in Septic Parotiditis. By H. F. Biggar, A.M., M.D., LL.D., 1901. New York: Office of *The North American Journal of Homœopathy*. *Aphorisms, Definitions, Reflections and Paradoxes: Medical, Surgical and Dietetic.* By A. Rabagliati, M.A., M.D., F.R.C.S. Edin. London: Baillière, Tindall & Cox, 1901. *Fifty-third Report of the Torquay Homœopathic Dispensary, 1900. Thirteenth Annual Report of the Liverpool Hahnemann Hospital; and Fifty-ninth of the Homœopathic Dispensaries, Hope Street and Roscommon Street, 1901.* London.—*The Chemist and Druggist*, May. *The Homœopathic World*, May. *The Vaccination Enquirer*, May. *The Temperance Critic*, May. *The Calcutta Journal of Medicine*. Hobart.—*The Tasmanian Homœopathic Journal*, April. Chicago.—*The Clinique*, April. New York.—*The Medical Times*, May. *The Medical Century*, May. *The North American Journal of Homœopathy*, April. Philadelphia.—*The Hahnemannian Monthly*, May. Lancaster Pa.—*The Homœopathic Envoy*, May. *The Homœopathic Recorder*, May. *The Minneapolis Homœopathic Magazine*, April. San Diego.—*The Pacific Coast Journal of Homœopathy*, April. Baltimore.—*The American Medical Monthly*, March. St. Louis.—*The Medical Brief*, May. Paris.—*Révue Homœopathique Française*, May. *Le Mois Médico-Chirurgical*, May. *Leipziger Hom. Zeitschrift*, May. Rome.—*Rivista Omoopatica*, March and April. The Hague.—*Homöopathische Maanblatt*, May.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W.; or to Mr. WILKINSON, 3, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE MORAL OF QUACKERY.

A VERY interesting and entertaining address on "Ancient and Modern Quackery," was delivered before the Charing Cross Hospital Medical Society, on October 19th, 1899, by DR. T. W. EDEN, Assistant Obstetric Physician to the Charing Cross Hospital, and reported in the *Lancet* of November 18th, 1899. Perhaps we ought to have noticed it sooner, but we did not, and yet the address loses nothing in piquancy, and in plain speaking "up-to-date" by our delay in drawing attention to it. DR. EDEN gives a history of ancient quackery which is an interesting bit of archæology, and comes down in the present day to "Christian Science." He then says: "There is not much time left to speak of present-day quack medicines. Quack advertisements certainly do not now possess the piquancy of those old ones which I have read to you, and I strongly suspect that our own quacks would have been beaten out of the field by their predecessors of two hundred years ago. Even our grandfathers were much better supplied with quack medicines than we are, for a strong point of the quacks of fifty years ago was to be found in the alluring titles which they invented for their remedies. We have nothing more romantic than Carter's Little Liver Pills and

Mother Seigel's Syrup, but our grandfathers had the following to choose from : the Friend to Man, the Vital Balm, Lucas's Pure Drops of Life, Solomon's Balm of Gilead, Schult's Vegetable Acid Air, Dickenson's Drops for Fits, and Ward's Liquid Sweat.

The advance of chemical analysis has made it practically impossible to secure secrecy for any nostrum now. Not only have quack medicines lost their secrecy, but they have in consequence lost to a large extent their harmfulness. An analysis of the principal quack remedies shows that they are fairly useful compounds, and the element of quackery only enters where their use is advocated for so many different diseases upon which it is impossible for them to exert any useful influence."

DR. EDEN concludes as follows, and in this peroration lies the most important part of the whole address, and from which we have taken the title of this article :

"I am afraid that I ought not to conclude without attempting to extract from the subject some moral or other, or at least an exhortation. I am sure that it is unnecessary to point out to Charing Cross men the undesirability of emulating such methods as those of the late eminent and worthy Dr. Trigg of Tower Wharf, or of the German gentlewoman who once lived in Southampton Square, Holborn. But the moral of quackery I take to be this. Quacks exist largely because regular practitioners often fail to cure or relieve their patients. In the earlier days it was inevitable that such primitive methods as were then known should often fail, but it is a reproach to us that with all our boasted scientific progress the practice of the healing art, except in the domain of surgery, is making such scanty advancement. We are all so keen on scientific problems that we are apt to lose sight of the fact that in the eyes of our patients our value mainly depends upon the amount of relief which we are able to bring them. What they expect from us is not an elaborate diagnosis or a learned discourse on their disorder, but simply something that will do them good. One of the most accomplished physicians whom I have ever known took little or no interest in his patients between the stage of clinical diagnosis and that of post-mortem examination. That is the kind of medical attendant from whom people flee to find refuge in a quack. I take it that our duty is to spare no pains and

leave no method untried which promises to be useful in combating disease, for we shall be ultimately judged, not by our academic distinctions or our contributions to science, but by the measure of success we have attained in discharging the task which Society has committed to us—namely, the relief or mitigation of suffering and the preservation of health."

This is a very important pronouncement, especially as coming from a physician of the old school. Had it come from us, we should have been told that we, *of course*, take this view, and that it was prejudice which led us to speak thus, and that consequently these statements were of no value. But it is otherwise when we find that the importance which homœopaths assign to cure-work as the essential and real rôle of the physician in relation to his profession and his patients, is stated as strongly and forcibly as we could wish by a physician to one of the metropolitan hospitals. The "Moral of Quackery" DR. EDEN considers to be that "quacks exist largely because regular practitioners often fail to cure or relieve their patients." In the ranks of the old school how often do we see in print and hear in conversation that medicines are useless, that simple careful nursing is all that is wanted or that can be done, and that medicines are only prescribed because patients *will* have them, and as a mere *placebo*. The existence of a *law* of cure is denied, while the belief that such a law will be discovered is looked upon as Utopian, to be smiled upon with an air of incredulity. In fact, scepticism in medicine in the old school is quite a sign of the times, and a remarkable one in this twentieth century. And yet in nearly every medical address on public occasions we are treated to laudations of the wonderful progress in "medicine" in recent years. When we analyse these details of progress we find that they hardly relate at all to therapeutics or the art of cure-work by medicinal agents, but to departments which have only a cousinly relation to therapeutics proper. And here DR. EDEN corroborates us when he says, "It is a reproach to us that with all our boasted scientific progress the practice of the healing art, except in the domain of surgery, is making such scanty advancement." His exception, "the domain of surgery," is a just one. Surgery has made enormous strides in recent years, and these great strides are put down

in public medical addresses as examples of progress in "medicine." General scientific work in connection with disease and health has also made great and valuable progress except in the one domain of therapeutics. Hence DR. EDEN observes shrewdly that "we are all so keen on scientific problems that we are apt to lose sight of the fact that in the eyes of our patients our value mainly depends upon the amount of relief which we are able to bring them."

And the reason why, in the old school journals and in the Transactions of medical societies, such prominence is given to surgery and general scientific work, and so little to practical therapeutics, is that old-school therapeutics are not believed in, and that consequently it is waste of energy to devote time and work to such a practically useless study. All the more is it so since the great law of cure enunciated by the immortal HAHNEMANN—homœopathy or treatment by similars—is tabooed as a subject of honest enquiry. It therefore becomes practically a sealed book, sealed voluntarily. "Pharmacological" studies, which were some years ago so "boomed," are now excluded from examinations for diplomas, because such studies were found useless, and because, as the late DR. BRISTOWE had the courage to say, they must be useless unless the truth of the homœopathic law of similars is admitted. This is the only key to their usefulness and value in treatment, and without it such studies are barren of result. This being the case, one cannot expect energetic men who wish to rise in their profession to do other than devote their talents to surgery and general scientific medical work. It is unfortunate, but the fact exists, as DR. EDEN has pointed out. Of course there are redeeming features in such a state of matters, as that surgery is much studied and advanced, and general scientific investigations, which one could ill do without, are made the life-work of so many capable men, the results of whose work we gladly welcome and avail ourselves of.

Homœopaths have, however, up to the present time considered that their speciality is the one subject left unworked by the old school, *viz.*, therapeutics. Having become convinced of the truth of the law of similars, and considering themselves as the custodians of this God-given truth, they have felt it their duty to do all they

can in their speciality to propagate the truth by preaching its principles in season and out of season, and in demonstrating its practical curative value on their patients. The public are shrewd and are good judges of results, and it goes without saying that patients would not consult us if they did not know from results that they are better treated, relieved and cured by homœopathy than by old-school treatment. They come to us, not because we are physicians simply, but because they wish to be treated by homœopathic measures and get the results they wish. Taking, therefore, therapeutics as their special rôle or speciality in the profession, homœopaths have devoted their whole energies to the advancement of the great truth in which they believe so strongly, and on which they base their life-long practice, and leave the domain of general scientific work to those who, being shut up to this sphere by voluntary blindness to the truth of homœopathy, work at it so well and successfully. They have thought it a mistake to do good work twice over, and prefer to keep to the development of the domain of therapeutics. And this is our answer to those who aver that homœopaths are inferior in capacity to the old-school, because their names are not known in connection with general work. There is, however, at present, a feeling in our school that, as many of our colleagues are not only capable, but fully competent to undertake general scientific work having a medical bearing, they should be encouraged to develop other domains than the purely therapeutical one. We need not say that all such original work will be welcomed, and the results fully appreciated. We should be the last to discourage any of our colleagues from investigating scientific problems, and from bringing all their talents and energies to elucidate any subject connected with medicine, so that they may add to our store of knowledge; and we should fondly hope that such work and its results would not result in disappointment to these able workers, owing to the exclusion from the old-school medical journals of all papers written by homœopaths, even though not involving questions of therapeutics. If such a policy were continued, the original investigations of our colleagues would only be known to ourselves through our journals and societies. But this is a risk which cannot be avoided, if such work is to be done.

But whatever is done by us in fields other than therapeutics, we must bear in mind that our chief mission in the profession—our speciality, as we have called it—is to advocate what we strongly believe to be the truth in therapeutics, and do all we can to further the cause of homœopathy as the great means of doing the best we can for our patients in cure, or in relief where cure is impossible.

DR. EDEN very honourably says, "I take it that our duty is to spare no pains and leave no method untried which promises to be useful in combating disease." This is excellent, and if such a sense of duty were acted upon by his colleagues, we should hear no more of slighting remarks as to homœopathy, or of the ignorance which prevails in the old-school regarding its principles and practice. We should hear no more of "scanty advancement" in the healing art, or that "quacks exist largely because regular practitioners often fail to cure or relieve their patients." Cure-results would then be obtained in a degree that would quite astonish sceptics. Well may DR. EDEN conclude his address by saying, "We shall be ultimately judged, not by our academic distinctions or our contributions to science, but by the measure of success we have attained in discharging the task which Society has committed to us, namely, the relief and mitigation of suffering and the preservation of health." This success we homœopaths congratulate ourselves we daily obtain through our knowledge of and practical use of the great law of similars as our therapeutic guide.

In conclusion, we notice with pleasure that DR. EDEN has taken a just estimate of PARACELSUS. He lived in the sixteenth century, and was far ahead of his times, and though some of his methods savoured strongly of quackery, yet we must remember the times in which he lived, and the then low ebb of medical knowledge. He undoubtedly was a genius, and he seemed to have had a vague inkling of what was afterwards to be known as homœopathy. He was one of ROBERT BROWNING's heroes, and had a great admirer in our late colleague, DR. COMPTON BURNETT, whose knowledge of old German medical literature was probably unique at the present day. DR. EDEN considers him "probably one of the ablest and most enlightened minds of his time."

ON THE VALUE OF ELECTRIC CYSTOSCOPY AS A MEANS OF DIAGNOSIS, WITH SOME ILLUSTRATIVE CASES.

By DUDLEY WRIGHT, F.R.C.S. (Eng.),
Surgeon to the London Homœopathic Hospital.

THAT electric cystoscopy has not yet firmly established itself as a means of diagnosis in the ordinary run of bladder cases is sufficiently evident from the various views held by surgeons as to its value.

Even amongst specialists some difference of opinion exists, and, this being so, it is scarcely to be wondered at that the rank and file do not care to make themselves personally acquainted with the method, more especially as to do so means the purchase of a somewhat costly apparatus, and considerable time and patience spent in gaining the necessary manipulative skill.

The following extract from a deservedly popular work¹ will show one view of the question. "An instrument which we hear a great deal about nowadays is the cystoscope. Perhaps it is quite harsh language to term this a 'nice plaything,' but I can't do with it what, in the books, they say they can do. I made this instrument a matter of special investigation when I was abroad last summer, with the result that I do not believe it of value in the hands of any except an expert in its use. It requires special skill and opportunity: it is not an instrument for the general practitioner. So I think it fair to say that the cystoscope is a valuable instrument, but of limited capabilities."

"We are told that 'having once acquired the technique' of this instrument the rest is very easy. But it is just this technique—the optics of the instrument—that is such an important and considerable matter. The image is changed and reversed as with the laryngoscope. And yet, after all, the cystoscope has great capabilities; but I think it should be reserved for the most ambiguous cases, and as a last resort at the end of all other investigation by means of questioning, observation and instruments."

On one point, at any rate, those who are competent to act as judges agree, and that is that the instrument is the last of those in our diagnostic armamentarium to be

¹ Doughty's *Genito-Urinary Diseases*. Philadelphia, 1897.

used. And though it has its limitations, personally I believe that as the observer gains greater experience in its use the more likely is he to fall back upon it when the slightest question exists as to the exact nature of any particular case.

In pre-cystoscopic days Sir Henry Thompson introduced his method of digital examination of the male bladder through a perineal opening. The cystoscope, inasmuch as ocular inspection is nearly always superior to digital examination, has entirely done away with the necessity for this operation in all but a minute and gradually diminishing number of cases. Mr. Hurry Fenwick has published a series of cases, forty-three in number, cystoscopically examined, comparing them with a similar number examined by Sir Henry Thompson by his digital method.

The results are as follows.²

Sir HENRY THOMPSON'S LIST.

	CASES
Nothing found - - -	14
Calculi - - -	2
A scale of calculous matter - - -	4
Tumours - - -	20
Prostatic - - -	2
Subvilloid condition - -	1
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Mr. FENWICK'S LIST.

	CASES
Nothing abnormal seen -	2
Calculi - - -	2
Renal hæmaturia - -	6
Tuberculous cystitis -	9
Hæmorrhagic cystitis -	2
Tumours - - -	15
Chronic cystitis - -	7
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Lastly, a very fair summing up of the value of cystoscopy is made by Meyer, of New York, in the following sentences.

(1,) Cystoscopy is an easy and harmless examination, but its successful employment requires experience; (2,) It should be performed as a *dernier ressort*, after all other well known means for making a diagnosis have been exhausted; (3,) If properly applied it will generally clear up an obscure disease of the bladder; (4,) For most cases we can determine by its means whether we have to deal with disease of the bladder or of the kidneys; (5,) We can thus find out whether there are two working kidneys, also whether only one of the two kidneys is diseased, or both; (6,) We can thus make out, in certain

² *Urinary Surgery*. Hurry Fenwick. John Wright & Co., 1895.

cases; by observing the character of the jets of urine, especially by timing their frequency and duration at the ureteral orifices, whether the other kidney is doing the work for the one which is diseased; (7,) These facts will tend to make superfluous, in the majority of cases at least, a preliminary supra pubic or perineal incision for diagnostic purposes; they also greatly widen our means for determining the indications and prognosis of nephrectomy."

It is well known to all, that even such a simple method of examination of the bladder as sounding for stone is not without its risks, and that after this manipulation certain precautions have to be taken; and since the use of the cystoscope demands more time, and a greater risk of shock to the mucous membrane of the bladder, the same, and even greater, care should be taken to prevent any ill effects from accruing.

To this end it is advisable for the patient to lie up for twelve hours after the examination, and this is especially to be enforced in the case of all elderly patients in whom a disturbance of the secretory action of the kidney is very apt to supervene if care be not taken. Such patients should always keep to their bed for the rest of the day, and should have a course of some urinary disinfectant, such as the internal administration of urotropin, for a few days previous to, and after, the examination.

Younger patients I have frequently examined in the out-patient room, and allowed to return home shortly afterwards without any harm resulting, though in such, if there is the slightest probability of tuberculous trouble, it is far better to avoid any risks, and keep them also in bed for twelve hours.

It is rarely necessary to use any general anæsthetic when examining. An injection of four per cent. cocaine into the previously emptied bladder is usually quite sufficient to make the examination practically painless, and it goes without saying that the bladder should be washed out both before and after the examination is made.

The brilliancy of the lamp should be first tested in a bowl of water before inserting the cystoscope, and the light should not be turned on until the beak of the instrument is felt to be free in the bladder cavity.

It is always advisable to constantly turn the light on and off whilst examining; never to keep it burning for more than a few seconds at a time when within the bladder. This prevents the instrument from becoming over-heated, and so injuring the neck of the bladder with which its stem is constantly in contact.

If previous to inserting the instrument the bladder be distended with six ounces of boro-glyceride lotion the examination is rendered easier both for the patient and surgeon; but in a few cases, especially those of tuberculous ulceration in which the muscle wall has been infiltrated by the extension of the inflammatory process, this amount of distension is not tolerated, and is even dangerous, as rupture of the bladder may occur; and, therefore, a smaller amount of fluid must be used.

The following six cases are brought forward as illustrations of the value of cystoscopy, as in each one of them the cause of the patient's sufferings was uncertain before the examination was made, and an exact diagnosis was established by the use of the instrument.

CASE I.—PAPILLOMA OF BLADDER.

I was asked by my colleague, Dr. Burford, to make a cystoscopic examination of an elderly lady, who had for some time past been passing urine mixed with much blood. There were but few symptoms pointing to the bladder as the source of the hæmorrhage. Examination revealed the source of the hæmorrhage to be a small finger-like growth springing from the bladder wall close to the opening of the right ureter. Along one side of the growth ran a prominent vein from which evidently the bleeding came. The growth had all the appearance of a benign neoplasm, and as the hæmorrhage was the only symptom of its presence, it was deemed advisable, considering the advanced age of the patient, to treat the symptom only, by means of internal medication.

CASE II.—TUBERCULOUS ULCERATION OF BLADDER.

Mrs. B., æt. 32 years, sent to me by Dr. Vincent Green, in July, 1900. Previous to August, 1898, had enjoyed good health and had no complaint with bladder.

After a very troublesome confinement in that month, she had much trouble with the bladder, and the urine had to be drawn off with a catheter and the bladder

washed out daily. She states that at this time a substance protruded from the urinary meatus, for which she was sent to St. Thomas's Hospital. Whilst there the substance was passed spontaneously, and the only treatment she had was bladder irrigation. At this time the urine was blood-stained, and had remained so up to the present time. She had a confinement in January, 1900, which did not in any way appear to interfere with the bladder.

Family history reveals that two brothers died of consumption. Patient has lost flesh somewhat.

Urine alkaline—pus and triple phosphates.

Cystoscopic Examination.—3vj distension under ether anæsthesia (3iv distension previously without anæsthetic had caused much distress). The cystoscope entered the bladder and met with an obstruction to its further ingress at about one inch from the neck. Manipulation then enabled it to pass further on. It was found that this was due to the presence of a diaphragm just in front of the ureteric openings, springing from all round the bladder wall, and having an irregularly circular opening at its lower part, through which the cystoscope could be passed. This diaphragm divided the bladder into two parts, an anterior, smaller; and a posterior, larger, part, which communicated with each other by means of the foramen.

In the posterior part, at the bladder base, slightly to the left side, and close to the insertion of the diaphragm were several small, shallow ulcers with pink margins, and covered with some muco-purulent films.

Digital examination after the meatus had been dilated sufficiently to admit the little finger, confirmed these observations, and also showed that there was some induration at the base of the ulcers, ascertained by means of the finger in the bladder and another in the vagina. A sharp spoon was then introduced into the bladder and under guidance of the finger this ulcer was scraped, and some of the *debris* removed was reserved for microscopical examination.

Though this did not reveal the presence of tubercle bacilli, I am strongly of opinion that we were dealing with a case of tuberculous ulceration. The diaphragm had quite possibly been the result of scar contraction, secondary to a healed tuberculous ulcer which had

extended longitudinally between the two ureters, the history being much in favour of such an assumption.

CASE III.—VILLOUS GROWTH OF BLADDER.

John T., æt. 75, out-patient at hospital. Complaining of frequency of micturition and inability to hold his water, also pain at top of penis at end of micturition. The trouble has been coming on gradually for several years. No gonorrheal history. Family and previous personal history satisfactory. Patient in a very weak and decrepit state, often passes a motion involuntarily. Often difficulty in controlling water. Sudden urging to micturate every half-hour, then has to pass water wherever he is, and holds the end of the penis and cries out owing to the pain, which is apparently very severe. Has numbness all down right leg.

Urine strongly alkaline, sp. g. 1018. No albumin or sugar. Ropy white deposit of triple phosphates and broken down leucocytes, and swarms of bacteria.

Bladder sounded for stone. Negative result. Enlarged prostate by rectum. Examination of bladder caused much pain, so the patient was put under an anæsthetic, and under *zviij* distension the cystoscopic examination was performed. Length of urethra nine-and-a-half inches. Very deep post-prostatic pouch, but no stone in it. At junction of posterior and lateral right wall of bladder, a congested villous growth surrounded by satellites. No ulceration was present.

CASE IV.—MALIGNANT DISEASE OF BLADDER PERFORATING ADJACENT BOWEL.

Mrs. B., seen April, 1900, æt. 61 years, sent to me by Dr. Herbert Wilde, for dysuria and cystitis. Patient is married, and has had six children. Present illness appears to date from about Christmas, 1899, when patient had an attack of influenza which kept her in bed for three weeks. A month later she noticed that she passed a little blood with the urine. Previous to this she had had abdominal pains, more or less severe at intervals. These she attributed to indigestion.

Shortly after passing blood in the urine she noticed she was also passing peculiar material as well, which on examination by the microscope proved to be *fecal* matter containing partially digested food. The pain has

increased and is now present both at the time of passing water and for a few minutes afterwards. The pain is described as acute and cutting. Bowels always costive. Has lost flesh during last three months and appetite has been very bad. In October, 1899, she had an attack of diarrhœa and "dysentery" which lasted about a fortnight.

Urine examination. Dark, sp. gravity, 1024. Slightly alkaline, contains blood, mucus, albumin and fœcal material.

On the left side of the abdomen, near the brim of the pelvis, some thickening (? enlarged pelvic gland) could be felt through the abdominal walls. Rectal examination revealed only the presence of hæmorrhoids. Per vaginam, an indurated and tender mass on posterior bladder wall could be felt by deep pressure upwards in anterior fornix.

Cystoscopic examination. 3viii distension. Mucous membrane generally redder than natural. Opening of ureter of each side clearly seen and of normal appearance. In the posterior and upper part of left side of bladder wall an irregular fungous mass with heaped up edges is seen. In the centre of this mass is an irregular depression leading deeply down, through which, from time to time, air bubbles and fragmentary *debris* are seen to issue, showing a connection between the bladder and bowel. The growth has all the appearance of malignancy.

CASE V.—ENLARGED MIDDLE LOBE OF PROSTATE.

A.B., male, 65. Complains of painful and frequent micturition, coming on for past three years. Has had instruments passed for sounding and for purpose of drawing off water, which has sometimes been necessary owing to some obstruction. After use of the instruments there has been blood in the water, but never apart from their use has there been bleeding. Urine very thick and offensive; loaded with muco-pus.

Per rectum, the prostate was found much enlarged, both lateral lobes being swollen.

The bladder was washed out once daily for several days, and when the cystitis had been reduced, and the water made clearer, cystoscopy under cocaine was practised. This revealed a greatly enlarged prostatic middle lobe, with a very deep post-prostatic pouch. There was no growth of any kind apart from this,

The prostate was much congested, and the passage of the instrument over its tender and swollen surface had caused some abrasions which had given rise to the bleeding.

CASE VI.—TUBERCULOUS ULCERATION OF BLADDER.

Ada H., age 22, under the care of Dr. Washington Epps, in the London Homœopathic Hospital, complaining of frequent and painful micturition, and occasional lumbar pain.

History.—Three months ago noticed that she felt giddy after rising and sick after food. A few days later she was suddenly seized with severe pains in left lumbar region which extended down into the groin. This continued and caused her to take to her bed. Seen by a doctor, who pronounced inflammation of the kidneys, and she was under treatment for six weeks. During this time micturition was very frequent, often every quarter of an hour, and also painful. The lumbar pain almost disappeared, but the frequent and painful micturition has continued, though lessened in severity.

On admission to hospital the micturition was about every one-and-a-half hours in the day, and every three hours at night; about two to three ounces passed at a time. The passing of water is painful during and after the flow, the maximum pain is at the neck of the bladder. The patient was pale and rather poorly nourished. Palpation in loins showed the presence of an enlarged and tender left kidney. Pus cells and small quantity of albumin were present in the urine. Dr. Epps kindly transferred the patient to me.

Cystoscopic examination under cocaine. 3vj distension, very little discomfort.

On right side, at mouth of ureter, is a submucous extravasation of blood about a quarter of an inch in diameter, irregular in outline, and of bright red colour. Numerous injected capillaries radiate from this area. On the trigone are several small, pin's head size infiltrated areas, pale on surface but surrounded by injected capillaries. Some of these places were conical in shape, a few were just breaking down and leaving minute pit-shaped ulcers, around which was much hyperæmia.

On the left side, close to the ureter mouth, was a patch of submucous hæmorrhage, very similar to, but larger than that on the right side.

The above condition being highly suggestive of multiple tuberculous ulcers, possibly secondary to a similar lesion of the kidney, a microscopic examination of the urine was made by Dr. Watkins, pathologist to the hospital. His report was, "Six film preparations were made containing pus from the urine passed on the 17th inst. Examination to-day after staining shows a large number of tubercle bacilli in one specimen only."

NOTES OF A CASE OF PNEUMONIA.

By ALEX. H. CROUCHER, M.D. Edin., F.R.C.S.E.

For the successful termination of the following case of pneumonia, I feel I am greatly indebted to a hint contained in a book written by Dr. George Murray of Newcastle-on-Tyne—how, will appear later.

Margaret F., æt. 15, a pupil in a school, sickened with influenza on April 3rd; she was one of about six others who also failed with the same complaint. The temperature on April 3rd was 101°F. in the evening. On April 7th it rose to 105°, but there were no physical signs in the chest. On April 8th there were evidences of pleuro-pneumonia of the lower lobe of the left lung. From April 8th to the evening of April 12th the illness followed the ordinary course of pleuro-pneumonia of the left lung; as complications there were bronchitis and pleurisy on the right side and slight effusion in the pericardium. The temperature ranged from 104°F. to 106·2°F., pulse 120—140 beats per minute, and respiration 40—50.

The usual treatment was carried out, and on the evening of April 12th the crisis occurred, the temperature came down to normal, and all the symptoms became ameliorated, and to those in charge it seemed as if all cause for anxiety was removed; the patient had a good night and slept, perhaps too well.

At 8 a.m. on April 13th the patient was still doing well. At 12 noon, I again visited the patient, and expected to find continued progress, but it was not so, for I found the temperature was 104°F., there were great dyspnœa and general cyanosis, an anxious expression, respirations 50 per minute, pulse 140, and the patient in gasps complained that she could not get her breath.

The cough was short and feeble, and evidently useless as far as clearing the lungs of secretion was concerned. Oxygen gas which had been used all along, on and off, was used again in larger doses, but did not do the slightest good.

It occurred to me that the trouble now super-added to the pneumonic condition was collapse of the lung, by reason of the non-removal of the accumulated secretions; not necessarily large, but due to the feeble respirations, caused partly by the patient's weakness, and partly by the pleuritic affection, making both breathing and coughing very painful and consequently inefficient.

These accumulated secretions cause collapse by shutting up the tubes through which the air enters the air vesicles; no air entering, the residual air becomes gradually exhausted and the affected parts of the lung become reduced to a condition as if it had never breathed; the plugs of secretion in the bronchioles act as valves, the air is expelled at each expiration, but does not enter on inspiration. Any want of power to fill the air cells of the lung with air may lead to collapse of the lung. Something required to be done, and that quickly.

I had, quite lately, read Dr. Murray's book, *Rough Notes on Remedies*, and the tenth article in that book is headed, "Turpentine vapour in pneumonia and bronchitis;" the whole book is full of practical hints and is well worth reading. I determined to try the turpentine vapour as an inhalation at once, so having procured a Maw's inhaler, a teaspoonful of ordinary turpentine was put into it and the requisite amount of hot water added, the patient (a most obedient one) was requested to draw the vapour into the lungs; as might be expected, a violent cough ensued and expectoration followed, two whiffs were enough at a time and the inhaling was repeated every two hours for four times, and then less often until the remedy was no longer required.

The same evening the temperature was normal, the dyspnoea and cyanosis gone; respirations and pulse became normal and convalescence progressed uninterruptedly afterwards.

I may say that I myself took a whiff and felt quite asthmatic for the rest of the day.

In my opinion this treatment piloted the patient from a condition of great danger to one of safety.

The remedy seemed a violent one to use in a patient weakened by such a severe illness; but, sometimes, "diseases desperate grown, by desperate appliance are relieved or, not at all."

EASTBOURNE.

A CASE OF SUICIDAL CUT-THROAT.

By C. J. WILKINSON, M.R.C.S., &c.

I was called urgently to a man of 64, a stranger to me, at 10 a.m. I found him in bed, lying on his back, in a stertorous sleep, with a wound half an inch long situated a little below and outside the left lower border of the cricoid cartilage. From this wound arterial blood mixed with air was escaping, respiration taking place partly through the wound with a hissing sound. A chamber on the floor contained a considerable quantity of blood, and near it lay a small and dirty bone-handled pocket-knife covered with blood. The patient had been discovered in this condition a few minutes before my arrival. It was considered unwise to give an anæsthetic by two other medical men who kindly came to my assistance. The escape of blood from the mouth and the present difficulty of breathing made it evident that some hæmorrhage was taking place into the trachea, and this contra-indicated any further interference with the respiratory sense. The wound was enlarged sufficiently to allow of two arteries being secured, and, a finger being inserted, it was easy to recognize that the blade had first been thrust through the skin and deep fascia, and the knife put through the wound thus made and swept freely in an upward and downward direction. Passing the finger between the trachea and œsophagus, a small aperture in the posterior aspect of the former could be felt. The least pressure upon this led to alarming dyspnoea. The general condition of the patient being bad, a dose of brandy and water was given and swallowed satisfactorily: the œsophagus was clearly intact. All bleeding being checked and the wound having been carefully cleansed, a piece of sterilized gauze was fixed over the wound so that any air entering by the wound must pass through it. Twelve hours later, respiration was being conducted

entirely through the natural channels, in spite of a troublesome cough. In a fortnight the patient was removed to an asylum.

Cases of suicidal cut-throat are not uncommon, but this one differs from any with which I am acquainted. I have therefore put it on record. That the patient should have made so determined an attempt on his life, have waited bleeding for a considerable time, and then retired to sleep in bed, his purpose unfulfilled, can only be explained by his mental condition.

WINDSOR.

RECENT PEDIATRICS.

By J. ROBERSON DAY, M.D. (Lond.), M.R.C.S., L.R.C.P.,
L.S.A.

Physician for Diseases of Children to the London Homœopathic Hosp.

Perforating appendicitis in an infant six weeks old. Was fed on boiled milk; had diarrhœa, and a tumour formed in right inguinal region. P.m. a perforated appendix was found.—*Annal. de la Soc. Med. Chir. de Liege*, April, 1900.

Empyema in a boy aged two years, treated by a modification of Levascheff's method. Local treatment consisted in aspirating the pus and then injecting warm normal saline solution into the pleural cavity. This was done four times on the same day, and the last time only a turbid fluid was obtained. From this day the patient rapidly got well.—Dr. Kissel, *New York Med. Journ.*, Vol. lxxii, No. 3.

Shall children be kept from the infection of certain exanthems?—C. F. Wahrer argues that measles is more of a calamity in the adult than in the child. If a mild epidemic of measles prevailed he would expose a child aged between two and twelve years to it. The high mortality of measles in adults would thereby be lessened. This method of argument is not applicable to scarlatina, diphtheria and pertussis.—*Journ. of American Med. Assoc.*, Vol. xxxv., No. 19.

Koplik's sign in measles.—The spots on the buccal mucous membrane alone are characteristic. They should be looked for in strong daylight. They are described by Dr. Koplik as "small, irregular, rose-coloured spots with a very minute bluish-white speck

just large enough to be visible in the centre of the rose area." The buccal membrane should be everted with the finger in a good light; the inner surface of the lips also. Dr. Koplik considers this an invaluable early sign of measles and as a means of distinguishing it from Rötheln.—*Maryland Med. Journ.*, Feb., 1900, p. 99.

Addison's Disease in a young girl.—A girl, aged ten, was shown at the Medical Society of Nancy with lassitude, melancholy and abnormal pigmentation of face, neck and back. The disease had lasted two months.

Antitoxin as an Immunizer.—In the *New York Med. Journal*, Feb. 17, 1900, Dr. Billings advises a more frequent resort to the use of the serum as an immunizer. He says the doses hitherto given (150 units) are too small, and that 300 units should be given for a child and 500 units for an adult. No ill effects follow.

Clean Milk.—The test of uncleanness is the proportion of lactic acid present in the milk, which is an expression of bacterial growth. The bacteria present vary directly according to the acidity. Over two hundred species of bacteria are found in milk, and about twenty of these produce lactic acid. The New York County Medical Society are prepared to certify milk of dairymen which conforms to the following tests: The acidity must not be greater than .2 per cent. and must not contain more than 30,000 germs to the cub. cent.; the butter-fat must reach 3.5 per cent. The natural raw milk must be submitted for examination without colouring matter or preservatives.

Diabetes in a child six months old.—Baby, breast-fed, developed polyuria, polydipsia and general œdema. The urine contained one gram. of glucose to the litre. Gradual improvement under lacto-phosphate of lime, and no return for following eighteen months.—*Arch. de Méd. des Enfants*, Vol. iv., No. 3.

Giovanni Berti suggests the possibility of immunizing against *pertussis* by inoculating with the products of some other disease. Vaccination with cow-pox appears to influence the course of *pertussis* favourably. *Varicella* and *furunculosis* also exert an antagonism towards *pertussis* and abbreviate the attacks in a remarkable manner.

Phosphorus in Rickets.—E. Kassowitz believes phosphorus to be a specific for rickets. He gives it dissolved in cod-liver oil, dose not stated.

Analgesia by Cocainization of the Spinal Cord has been employed in children under twelve years old as well as for adults. A few minims of a 1 per cent. solution of cocain produced analgesia for an hour and a half to three hours. There were no dangerous symptoms, but dilated pupils, nausea, vomiting, headache and nervousness were observed.

[This is as yet a new method and still on trial. The dangers of cocain are well known, and before long we shall probably hear of some disasters.—J.R.D.]

“POTENTIAL CHARITY.”

By EDWIN A. NEATBY, M.D.

[THE following remarks were penned in March for editorial purposes, but not being required it was intended that they should never see the light. A proposal made a few weeks ago at a semi-private meeting at the London Homœopathic Hospital, made me believe that others than myself had been thinking over the subject of the advancement of homœopathy as a science. If I am correct in that opinion this short paper may lead to a discussion of the subject, with the possible evolution of some useful and workable scheme. I purposely leave the article in the form in which it was originally cast and make no definite suggestions, for I know there are others better able to do this than I, if only the need of a forward movement is at all generally realised. If it meets with a practical approval I shall be greatly encouraged; if it meets with a thorough rousing criticism, I shall feel there are still hopes for homœopathy; if it elicits neither praise nor blame I shall conclude that, either my mental vision is seriously distorted or that the day of homœopathy's demise is nearer than I imagined.—E.A.N.]

The learned editor of *The Polyclinic*, February, 1901, has condescended to the form of a dialogue (presumably imaginary) with the above title, to press upon his readers the importance of supporting the Medical Graduates' College, London.

In answer to an enquiry by *Ille* as to what “potential charity” means, *Ego* replies, “If, when a man is seriously

ill, you take him into an hospital and cure him, that is a direct charity; but if, by taking far-off precautions, you prevent his ever needing to go into hospital, that is a potential charity. The guinea which you give in aid of potential charity may very likely go ten times as far as the one you give in direct charity." "Preventive medicine is one of the most useful forms of potential charity." So is any movement which compasses "the higher training of all branches of the medical profession." To make "all classes of medical men more efficient and the knowledge of disease more exact and general" is "to greatly diminish the number of those who in the future will need hospital treatment."

The words of this conversation suggest reflections which, we admit, never arose in the mind of Mr. Hutchinson when he inserted it in the journal devoted to the interests of London's first serious post-graduate school, the offspring of that veteran and versatile surgeon's maturest years and experience. But we make no apology to Mr. Hutchinson for appropriating his words and using them in what we believe to be one phase of the spirit of his earnest teachings.

It was stated during the "Odium Medicum" controversy to *The Times* (in 1888), that homœopathy and homœopaths had contributed little or nothing to the advancement of the science of medicine. It was easy to prove that if the direct curing of the sick were the advancement of the science of medicine, homœopaths had done their share, and more; and that the result of their labours had been appropriated without acknowledgment. Such an accusation as that we have referred to, could only be based on ignorance (wilful or otherwise) of facts and an unfortunate misconception of the place of therapeutics in medicine. Of its paramount importance it needs no words of this *Review* to convince its readers.

But if homœopathy has done its share for the good of humanity, and the advancement of medicine in the past, it behoves its advocates on the threshold of a new century, to review their position and ask if still more may not be done both by direct and by indirect or "potential charity."

It may be true that in the past the non-therapeutic work of our isolated body has been small. Have we any

work to show corresponding with that which has led to the advancement of knowledge on tuberculosis, plague and malaria; to the Hyderabad Commission on anæsthetics; to the development of antiseptics and asepsis in surgery? If we have not, there are doubtless good reasons why not. Foremost among these is the fact that our numbers have hardly permitted much effort outside direct therapeutics. Next, and of the utmost importance, the funds at the disposal of the homœopathic body have been devoted by the desire of our lay supporters chiefly to "direct charity"; forgetful that we could not for ever go on, on the strength of the great start given to us by Hahnemann, no funds have been set aside which would enable educational and research work to be successfully carried out. We are not forgetting the bequest for school purposes left by Bayes, an early supporter of English homœopathy. His far seeing judgment was never better shown than in setting aside a sum of money of which the interest was to be devoted to educational objects. But this sum, part of the savings of one man, could only be a nucleus; and it should never be supposed that any single individual, or any number of medical men, can supply this lack. The sinews of war never come from the generosity of an intelligent public, who are made to realise that no progress even in homœopathy can be made without scientific basis and supports. By this we hasten to add that we are not referring to what is known by the name of vivisection in any shape or form. This is not the place to express any judgment on this method of research. Suffice it to say it does not come within the scope or purview of these disjointed remarks.

The scientific basis cannot be supplied without material—in plain language without pecuniary—support. The history of homœopathy in this and other countries, shows that its medical adherents are ready and able to organize and carry out such educational measures as the profession needs—given adequate funds. The London School of Homœopathy bears witness to this, and with adequate funds teaching work might be indefinitely extended. Similarly, the admirable work initiated by the Hospitals Federation awaits only the tonic influence of *aurum met.* to ripen into full and prolific fruition.

It requires but a moment's thought to realise that our

leading men, busy with the responsible work of exacting practices, cannot themselves carry out the detail and drudgery of original research. Yet how vast a field in this direction lies untilled in front of us. With resources analagous to those of the scientific bodies in the ranks of "orthodox medicine," not only might general post-graduate teaching be cultivated, but specific investigations into the nature of diseases could be conducted, and still more, the crying need for the establishment of our PHARMACO-DYNAMICS ON A SOUND, INTELLIGENT, AND INTELLIGIBLE SCIENTIFIC BASIS. Until this preliminary step has been taken, aspirations for a teaching school recognised by the powers that be, are vain, if not undesirable. Until then we can only hope to gain the adhesion of isolated units.

It has always struck us as strange that the members of our fraternity who reside in the vicinity of London have not united to demand that the Hospital which they do so much to support, be utilised for their own benefit. Looked at askance in other hospitals, they might justly call upon the Metropolitan Institute of Homœopathy to supply the deficiency. It can only arise from an ignorance of the value and variety of clinical material under the control of the medical and surgical staff, that no call has arisen from our colleagues of London and environs to share in the advantages of the practice of the hospital. To this call the medical staff will gladly respond. One of the first steps, however, must be the formation of a fund such as "Potential charity" suggests. We doubt not there will be found enlightened supporters in plenty, if once the matter is taken up in earnest.

LACHESIS TRIGONOCEPHALUS IN SEPTIC PAROTIDITIS.¹

By H. F. BIGGAR, M.A., M.D., LL.D.

SEPTIC parotiditis as a sequela of general septicæmia has been and is now regarded by many of our old school friends as a fatal development. There is very little literature upon this condition of the parotid gland. Every form of the disease is given in surgical text-books with the exception of this. A

¹ Reprinted from the *North American Journal of Homœopathy*, April, 1901.

few years ago a London surgeon reported a case of septic parotiditis following the removal of an ovarian tumour, and this experience he regarded as unusual and interesting. Mild inflammatory disorders of the parotid gland have followed operations on the ovaries, but very seldom have there been septic conditions; and when it did appear the recorded cases generally resulted fatally.

Lachesis is a valuable remedy in general septic conditions. I have found this ophidian remedy a strong rival of calc. sulph. in pyo-salpinx. It is said to be a remedy for disorders of the left side, yet in an experience of five cases, only one was of the left gland. The following cases were cured with lachesis; their history may be of interest.

CASE I.—A lad, æt. 14, an athlete, injured his right shoulder while a competitor at a pitching contest. This injury was followed by suppurative arthritis of this joint, suppurative synovitis of right knee, necrosis of right humerus and right tibia, complicated with purulent effusion of right pleura, and with septic parotiditis of right gland. During a period of two months the patient had in all sixteen operations, under an anæsthetic, for osteotomy of humerus, tibia and fibula, and drainage of knee, besides having seventy-three abscesses opened. The right lung and pleura were involved, necessitating thoracic paracentesis. His illness extended over a period of several months. The patient was freely stimulated with whiskey punch, large doses of quinine and strychnia, the sustaining treatment of the old school, also arsenicum and other remedies as were thought to be indicated. When the parotiditis was at its height the consultant, a very able old-school surgeon, gave a very unfavourable prognosis, stating that "he never knew a case of septic parotiditis to recover," and sustained his decision by naming some of the leading surgeons in this country and England as authority for his opinion. He fully agreed with the treatment, and remarked that "that was all that could be done." In addition to this treatment lachesis 30x was given. For weeks the case was very desperate, but finally recovered. I think there can be no doubt that lachesis was the saving remedy. This patient lived in the neighbouring town of Wellington, where for weeks I visited him almost every evening. Every morning I received a report by telegram of his condition.

At our club lunch the doctors had a round table especially for their service; at this coterie I was the only "irregular." The consultant was one at "our mess," and was interested in the daily reports, as well as the other doctors of "our set." The symptoms, pathology and treatment were freely discussed, with the usual ending that "your patient will die, for none

ever recover with septic parotiditis." When convalescence followed they were amazed; they knew that the patient had been treated according to their sustaining methods which had heretofore been unsuccessful, and were surprised at the recovery of the patient. I then told them that in addition to their approved treatment lachesis had been added. Many were the witty sallies, pleasantries, gentle sarcasms and remarks, slightly tinged with ridicule, as to the efficacy of the "only two drops of lachesis ever secured" for all the future preparations of this remedy. Nevertheless, the result proved the value of the remedy.

It is surprising that our good brethren of the regulars will not be convinced, especially after they have seen the splendid results of attenuated remedies, well selected in desperate cases, when the proof is so positive of the efficacy of their use. What should be more convincing? When croup is cured with a few doses of *veratrum viride* and congestions with *secale 3x*; when *capsicum* aborts pus formation of the petrous portion of the temporal bone, and *glonoin* instantly relieves certain kinds of headache; and when *gelsemium* and *rhus tox.* control toxic fever, and *phosphorus cc* has relieved the nausea of pregnancy (when the leading gynæcological masters of the old school asserted that the only possible relief was in abortion), and when the great success of homœopathic remedies in pneumonia, and so on, are as frequently noted, I conclude that there are "none so blind as those who will not see." Homœopathy has not only sense and science in the administration of drugs, but, what is more important, it has the success.

Of course, my good friends the doctors were not willing to give the lachesis the credit for the cure. Their objections reminded me of the story of the two sportsmen who went fishing. At the close of the day they returned to the yacht in separate boats with the spoils. One was more successful than the other. The unsuccessful gentleman began criticising the method of the other, in the way he held the rod, in the care of the reel and the proper way to play the fish. The master of the yacht came to the relief of the attacked—"His methods are all right; look at the results, he outnumbers you in fish."

CASE II.—Gentleman, æt. 52. Suppurative synovitis of left knee, the result of sewer gas poisoning. Septic parotiditis developed. The same consultant as in the former case was called; his prognosis was unfavourable and he advised immediate amputation of the thigh as the only hope. The usual quinine and stimulants were freely given with the addition of lachesis 30th. Result, recovery with ankylosed knee.

CASE III.—Gentleman, æt. 56. Septic parotiditis following prostatic abscess, under the care of the old school. I was the consultant and advised lachesis 30th in addition to his stimulating treatment; it was given—the patient recovered.

CASE IV.—Miss P——, æt. 34. Laparotomy for tubercular ovaries, tubes, and mesenteric tubercular abscess—a very desperate and critical case for three weeks after the operation. Septic parotiditis developed very rapidly, for in three hours the right gland was swollen to its full limit. The usual quinine and stimulants were resorted to, also lachesis 30th. Recovery, though convalescence was very prolonged.

The relationship between the parotid gland and the female sexual organs is well brought out by Dr. Goodell in his article, "Inflammation of the Parotid Glands following Operations on the Female Genital Organs," reported in the *Gynecological Transactions* for 1885. The following excerpts are interesting.

"A close kinship has long been observed between the sexual organs of adults and the cervical salivary glands. Salivations often occur as one of the phenomena of pregnancy. I am now treating in my private hospital two ladies for nerve-exhaustion. One has excessive salivation just before and during menstruation. In the other, who has a tender and congested left ovary, the left parotid gland does not secrete during menstruation, and the mouth and fauces on that side are dry and painful. The thyroid gland so frequently swells after marriage or during menstruation and pregnancy that Meckel regarded it 'as a repetition of the uterus in the neck,' a sort of cervical womb. Nor was this kinship overlooked by laymen. The ancients recognized conception by the amplitude of the neck, and the Roman matron casts a fillet around the bride's throat before and after the nuptial night, in order to discover whether marriage has been consummated or not. This same sympathetic relation exists in the lower animals, for I have been informed that some horse-breeders measure the necks of their mares before and after they have been covered, to determine whether the intercourse has been a fruitful one.

"The metastasis of mumps to the sexual organs in adults of both sexes is another remarkable evidence of this kinship. In the male the testes become secondarily affected. In the female the breasts, the ovaries, the womb and the labia are the organs in which the sympathetic transference takes place. But the mumps is merely a simple febrile engorgement of the parotid gland and febrile congestion or fluxion in it, and in the sexual organs to which it has been transferred, usually ends in resolution, very rarely, indeed, in suppuration. True it is that mumps is a contagious disease and that a micrococcus has been recently discovered by Ollivier in the saliva, which

is eliminated by the kidneys and which possibly in a measure explains the metastasis of this glandular affection to the testicle; but it fails to explain why the female breast and the ovaries are singled out.

"During the latter stages of acute specific fevers it is not uncommon to meet with parotic bubo, a septic inflammation of the parotid gland ending very generally in suppuration. This form of parotiditis is not deemed sympathetic but symptomatic—symptomatic of a poison in the blood which has exploded in the parotid glands. Yet I am not sure that an element of sympathy does not exist even in this form of suppurative parotiditis and that the parotid glands are not preferably attacked when the septic fever starts from lesions in the sexual organs. For instance, prolonged cases of puerperal septicaemia are liable to suppuration of the parotid glands. Of such cases I have seen several in my own practice and in that of other physicians. Of these only one recovered.

"Parotid bubo seems liable to follow ovariectomy whenever sepsis has taken place. Thus in two hundred cases of ovariectomy performed by Schröder and reported by Morkie, five cases of parotid bubo took place with two deaths. Out of one hundred and fifty-four cases of ovariectomy performed by myself I have had one of parotid bubo, in which on the ninth day there was a slight rise in temperature and her left parotid gland began to swell. In three or four days it suppurated and I opened it by free incision, yet it burst also into her ear. She died on the thirty-second day.

"This being my third case of pseudo-mumps following the removal of the ovaries, it made a great impression on me. I felt satisfied that it meant something and that the parotiditis was not a mere coincidence, but that some mysterious relationship existed between the sexual apparatus and the parotid glands."

CASE V.—Young man, æt. 32, who had been very dissipated as well as an excessive cigarette smoker, developed carcinoma of sigmoid flexure of colon. I performed Kraske's operation, which was followed with parotiditis of left side. At the first symptom of parotiditis gave Lachesis 6x, when it shortly disappeared. This patient had the severest case of hiccupping I ever witnessed. Many remedies were tried before relief came, such as moschus, amyl-nitrate, of which he inhaled over two ounces during a night before there was even temporary relief. Spraying the epigastrium with ether, alternate applications of heat and cold to the spine or stomach, ice to lobes of ear, a tight bandage over the diaphragm, pressure over upper lip, pressure over descendens noni, a morsel of sugar dipped in vinegar and placed in the mouth, sneezing induced by snuff

or a feather—secale, tincture of iodine, three drops in water every half hour, nitroglycerine, full doses of quinine, all were tried; my resources were nearly exhausted, but the greatest relief came from constant hard pressure over the forehead and back part of skull. He lingered for weeks and then died from the cancerous degeneration.

I trust that the narration of some of the clinical experiences with those suffering from septic parotiditis will not be without profit. I believe the sustaining treatment is very necessary in conjunction with the lachesis, the curative remedy, and after an experience with five desperate cases of septic parotiditis I think that I should have confidence in the curative action of lachesis trigonocephalus.

166, EUCLID AVENUE,
CLEVELAND, OHIO.

REVIEWS.

The Curability of Tumours by Medicines. By J. COMPTON BURNETT, M.D. Second Edition, revised. Philadelphia: Boericke and Tafel, 1901. Pp. 345. \$1.25.

THE appearance of a Second American Edition of this work of our recently deceased *confrère*, originally published in 1893, possesses a melancholy interest at the present time. We dealt with its value and limitations at some length—Volume xxvii, page 484.

Wilfred, and other Poems. By CHARLES W. HAYWARD. London: George Philip and Son. Liverpool: Philip, Son and Nephew, 1901. Pp. 134.

THAT the pen is mightier than the sword is now no great matter, for the sword is a sadly discredited weapon at present. We do not think that Dr. Charles Hayward's pen is mightier than the weapons of his surgical craft, except in so far as he uses it for the writing of prescriptions; but we are, none the less, glad to welcome the first-fruits of his converse with the Muses in his leisure moments.

We said, a month or so back, that our medical men when they write verse, unlike their American brethren under the same visitation, seldom avail themselves of their professional experiences in the choice of a theme, and Dr. Charles Hayward bears out the dictum; for there is nothing, except one or two *similes* in *Wilfred*, which smells of the red lamp.

The book divides itself naturally into two parts, the first consisting of some fifteen short pieces and pretty equally divided between grave and gay, of which we take leave to prefer the lines "To —," though we were pleasantly reminded of Lewis Carroll by "How to become a Poet." Dr. Hayward appears in the last of these miscellaneous pieces as a preacher of peace.

"Send us victory glorious" (yet I doubt meritorious);
"Bless our arms and our ships with Thy might;"
Yet how often though strong, we are quite in the wrong,
And our foemen, though vanquished—are right.

We fancy that the author would prefer to be judged on the second part of his book, "King Wilfred, a Drama in three acts," rather than on the more or less fugitive verses which precede it. It is essentially a drama of action, and yet somewhat resembles the plays of Robert Browning in depicting the effect of a crisis on the characters of the *dramatis personæ*. These characters being simple, the work presents none of the abstruse developmental difficulties in which Browning delighted, and the result strikes us as more likely to win laurels on the stage than in the study. The old king who holds himself back from death by an effort of will, until he has imparted his instructions to his returning son, is a fine study, and wins our liking. The language is vigorous, and the villains are black enough for the Adelphi. The scene of the portcullis gate should "stage" excellently.

Dr. Charles Hayward is to be congratulated on his first venture; we hope that we are right in gathering from his dedication that he is open to an encouragement to persevere.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The ninth meeting of the Session 1900–1901, was held at the London Homœopathic Hospital, on Thursday, June 6th, 1901. Dr. Roberson Day, Vice-President, in the chair.

The following specimens were exhibited:

(1.) Large renal calculus removed by nephro-lithotomy, by Dr. Wynne Thomas, and Mr. Knox Shaw; and (2.) Small renal calculus causing pyonephrosis, removed by nephro-lithotomy, by Mr. Knox Shaw.

Section of Materia Medica and Therapeutics.

Dr. Goldsbrough (London) read a paper entitled "The Law

of Dose in Homœopathic Therapeutics : its Corroboration by Recent Researches in the Physiology of the Nervous System."

Dr. Goldsbrough pointed out that the law of dose in homœopathic therapeutics was the small dose, that is a dose less than that required to produce a pathogenetic effect, irrespective of physical division or any theory of dynamisation. He averred that as the administration of the small dose was the invariably successful dose in practice, the reason for this must be found in some physiological law, or invariable sequence in the processes of life. His paper was a contribution towards the establishment of this view.

The problem to be solved was first presented in a series of symbols indicating the difference between the environment and the organism in their distinct character as systems of energy acting and reacting on each other ; and also that the energetic character of the organism, although related to and dependent on the environment, could never be said to be equal to it. It was pointed out that within the environment special circumstances acted as special stimuli to the organism, and the relation of cause and effect in the latter case was similar to the relation of cause and effect in the general reaction of the organism upon its environment. Thus a ray of light falling upon the retina, or the dose of a drug could both be regarded as special stimuli under given circumstances.

A number of experiments on isolated nerves and end organs by Du Bois Reymond, Halmgren, Dewar and McKendrick, and Waller, were then referred to, and following the lead of Waller, Dr. Goldsbrough drew the following conclusions from them :—(1,) Electro-motive force or energy is evolved from a nerve or end-organ as a direct result of the normal changes which take place within the nerve substance in response to a stimulus from without.

The evidence of such energy has been accurately registered by the galvanometer, and measured according to given standards, and the law of its evolution has been found to correspond with the law of response by sensation to a given stimulus as inferred by the degrees of reaction-time engaged in the production of such sensation. Thus, a result of this kind indicated by the galvanometer might be accepted as an index of both objective and subjective effects from special stimuli to the organism. (2,) Nervous tissue in isolation from the rest of the organism can for purposes of observation and inference be accepted as a sign of life in its entirety. This conclusion was based on a large number of experiments by Waller, who had found that nerve fibre, and the retina, were practically inexhaustible, as long as no overwhelming influence was brought to bear upon them ; (3,) A law of reaction to a

complete range of stimuli from minimal to maximal, as evidenced by the galvanometer was indicated in the following sentence: "Equal increments of cause from minimal to maximal produce at first increasing increments of effect, and subsequently decreasing increments of effect."

Dr. Goldsbrough's point as bearing upon the homœopathic practice as regards dosage, was that this law if accepted as a law for health could not be abrogated in states of disease, and that states of disease and the effects of drugs might be studied in the light of it. The result of such study would be, that assuming the law of similars to be the best known rule for the selection of a drug as a medicine, on the basis of this law of reaction the dose must be below the pathogenetic dose. A *prima facie* conclusion to this argument would be that the dose should be somewhere near the pathogenetic dose, but such a conclusion by no means followed when all the conditions to be considered were considered. The *sine qua non* of the argument was that the dose should not reach the pathogenetic dose. Other conditions to be taken into account would be the known activity of a particular drug, the nature of the disease, and idiosyncrasies of the patient and the strength of the *vis medicatrix naturee*, and these conditions were all unequal and of varying character. An admission of these considerations as applicable precluded the question of dose from ever being decided upon theoretical considerations alone, apart from the above general conclusion as to its relation to the dose of the drug required to produce the pathogenetic effect.

In a discussion which followed the paper, Drs. Percy Wilde, Byres Moir, Madden, Blackley, Stonham, Burford, Lambert, Jagielski, McNish, and Mr. Knox Shaw, took part, and Dr. Goldsbrough replied.

NOTABILIA.

FERRUM METALLICUM IN THE DISEASES OF CHILDREN.¹

FERRUM metallicum is especially adapted to patients with the sanguine temperament, peevish, quarrelsome disposition; become angry from the least contradiction, exceedingly disturbed by slight noises, like the crackling of paper. The ferrum patient frequently has the leucophlegmatic constitution. *Pseudo-plethora is the grand keynote symptom.* Although

¹By Thomas G. Roberts, M.D., Chicago. Reprinted from the *Homœopathic Recorder*, March.

the patient is anæmic, he presents a plethoric aspect. *Weakly persons with fiery red faces*, ashy, pale or greenish face.

The face, lips, and mucous membranes are very pale, but *become red and flushed on the least pain, emotion, or exertion*. Parts ordinarily red, or reddish, like the face, lips, tongue, and mucous membranes, become pale. Red face is characteristic, but frequently the face or other red part is not warm. *Cold congestion is a marked characteristic of this drug*. A very peculiar symptom is *chill with red face and thirst*.

Vertigo, as if on water, or from seeing running water; vertigo on descending. Hammering, beating, pulsating pain in the head. Pain in the teeth is relieved by holding cold water in the mouth.

Canine hunger alternating with complete loss of appetite. Spits up his food by the mouthful.

Food lies in the stomach all day and is vomited at night. *Vomiting immediately after midnight; vomiting of ingesta as soon as food is eaten*.

Painless undigested stool at night, or while eating or drinking. Cough with vomiting of food. Cough that prevails only in the daytime, relieved by lying down and by eating.

Great erethism of the circulation. Symptoms resembling those following the loss of much blood. General hæmorrhagic tendency; venous hæmorrhage. Venous stasis, from vaso-motor paresis of the vessels. Dropsy after the loss of vital fluids, abuse of quinine, or suppression of intermittents.

The ferrum patient is much affected by extremes of heat or cold, but is, upon the whole, a cold as well as a sensitive subject.

Aggravation from rest, particularly while sitting, and at night, especially after midnight.

Always better walking slowly about, although weakness obliges the patient to lie down.

Inner Head. Hydrocephalus with open fontanelles and great anæmia.

Nose. Epistaxis in children suffering from anæmia; colour of face changes frequently.

Upper Face. Children with *very red faces*.

Face flushes easily on the least pain, excitement or exertion. Face very pale but becomes red and flushed on the least emotion, exertion, or pain.

Ashy, pale or greenish face.

Teeth and Gums. Dentition with persistent diarrhoea; the painless stools consist of mucus and undigested food; stools sometimes excoriating.

Face flushed, or has red spots on each side; vomits nourishment soon after taking it; slow dentition. *Toothache momentarily relieved by cold water*. Great paleness of gums.

Taste. Children complain of a disagreeable taste of blood in the mouth.

Appetite. Canine hunger, alternating with loss of appetite. Anorexia; great aversion to all food. Children accustomed to meat suddenly dislike it. *Meat disagrees*; can only eat bread and butter; appetite for bread. Aversion to eggs, beer and ale, hot and sour things.

Eating and Drinking. Eructations and regurgitation of food in mouthfuls (phos.) after eating, without nausea and inclination to vomit. *Vomiting or diarrhœa after taking nourishment* (ars.).

Vomiting. Vomiting as soon as food has been taken. Frequent and easy vomiting of food. *Vomiting of food with fiery red face.* Vomiting of food immediately after midnight, followed by aversion to food. Vomiting of infants.

Stool. Undigested stools coming on as soon as the child attempts to eat. The child has a fiery-red face, and frequent diarrhœic stools corroding the anus. *Undigested stools, with easy vomiting of ingesta; very red face.* Undigested, painless, sometimes involuntary stools, which are apt to occur during a meal.

Desire to go to stool as soon as anything touches the stomach. *Hungry, but eating brings on diarrhœa.* Lienteric stools coming on just after midnight, sometimes accompanied by periodical vomiting. Valuable in "summer complaint" or cholera infantum with lenteric stools; emaciation. Children suffer from chronic, watery diarrhœa without pain or effort, worse just after midnight, and after eating or drinking; undigested stools (cinch., phos. ac., pod.). Diarrhœa, in teething children, *with flushed face; stools undigested*, and sometimes associated with vomiting; the diarrhœa and vomiting come on immediately after taking nourishment. Slimy stools with ascarides. Constipation from intestinal atony; ineffectual urging to stool. *Stool hard and difficult, followed by backache.*

Rectum and Anus. *Prolapsus recti.* Ascarides cause itching of anus at night. Helminthiasis; seat worms causing itching in anus at night; wretched complexion. Itching from ascarides prevents the child from sleeping.

Urinary Organs. *Urine passes involuntarily at night, and also by day, when the child is walking about.* Incontinence of urine, worse during the day, but the bed is flooded several times at night; urine smells like strong ammonia and stains the sheets very dark; yellowish clay-coloured sediment adhering to sides and bottom of vessel. Nocturnal enuresis; urine dark red, sometimes with mucous sediments; irritability of the

trigone and cervix vesicæ. Urine as clear as water in anæmia.

Respiration. Breathing dry, loud, anxious; sometimes rattling. Respiration difficult with oppression of chest, as if someone pressed with the hand upon it.

Cough. Spasmodic cough after taking nourishment, with vomiting of all foods taken.

Cough with vomiting of food. Cough only in the daytime (euphr.). Thin, scanty, frothy sputa with streaks of blood. The spasmodic cough sometimes *ceases immediately after a meal*, but usually comes on *after a meal, with vomiting of food*.

Pertussis; child *vomits food* with every coughing spell; *great pallor and weakness*.

Whooping cough, dry in the evening, with copious, purulent, blood-streaked expectoration in the morning, and sour vomiting of food; cough immediately relieved by eating a small quantity of food (spong).

Lungs. Hæmoptysis in young boys or girls predisposed to consumption, and who are in the incipient stages of phthisis florida.

Phthisis pulmonalis in young florid subjects, with *great erethism of the vascular system*, and inclination to thoracic congestion. This remedy should be used with great caution in all tubercular cases, hæmoptysis has often been caused by its injudicious use.

Pulse and Circulation. Irregular distribution of blood in young persons of either sex. Anæmia in children that *look plethoric* and are subject to congestions; pale mucous membranes; nun's murmur is heard in the veins.

Motion and Rest. *Better walking slowly about.* Worse on first beginning to move, but relieved by continued gentle motion, though weakness may compel the sufferer to sit or lie down. *Worse from rest, especially sitting still.*

Nerves. Restless, impelled to walk about slowly. A *nervous erethistic condition* is present when ferrum is indicated. Very weak and tired, but always relieved by walking slowly about.

Sleep. Bad sleep before midnight. The pain *forces patient to get out of bed at night, and walk slowly about.* Child cannot sleep on account of itching from ascarides.

Time. Restless sleep before midnight; after midnight, the headache is worse. Immediately after midnight vomiting of food occurs.

Fever. *Chill with red face and thirst.* Coldness of the body. Heat with very red face and inclination to uncover.

Tissues. *Pseudo-plethora*; subject to congestions yet anæmic; face earthy, flushing easily. Red parts become pale. Maras-

mus with frequent vomiting of food; stools undigested; redness of face; child pale and delicate. *Anæmia*. Dropsy after loss of vital fluids, abuse quinine, or suppressed intermittent fever (*Carb. v. Cinct.*).

Skin. Skin *ashy, pale, sallow, greenish, dirty, flabby*. Sometimes of use in scarlatina during the stage of desquamation.

Temperament. *Sanguine, choleric temperament*; peevish, quarrelsome; least contradiction angers.

Relations. *Complementary to alumina and cinchona off*. Aggravates syphilitic conditions. Must be used with caution in tubercular diseases.

Incompatible. Beer and tea.

Compare: Borax, anacardium spongia, cinchona, phosphorus, selenium and thuja.

Aggravation: At night, especially just after midnight; at rest, particularly while sitting still.

Amelioration. Walking slowly about; in warm weather.

ALUMINIUM IN TABES DORSALIS.

Dr. Goldsbrough's interesting article in our last issue recalls a case recorded by Von Bönninghausen (*Allg. Hom. Zeitung*), and translated in the *American Homœopathic Review*, vol. i, p. 107, in which aluminium in a high potency appears to have cured tabes dorsalis. In referring to a paper on this subject by Dr. Clarence Bartlett (*Hahnemannian Monthly*, September, 1895), Dr. Hughes comments (*Journal Brit. Hom. Soc.*, vol. iv. p. 127) as follows: "It is amusing to see how others besides Falstaff's men in buckram multiply as time goes on. Bönninghausen published in detail one case, and referred to another, in which aluminium 200 had seemed curative of tabes dorsalis. In Goodno's *Practice of Medicine* Dr. Bartlett makes these patients *four*; in the paper cited above they become a 'number of cases.'"

As Von Bönninghausen's original communication is perhaps not well-known, we reproduce his case entire:—

Miss F. von W., æt. 19. First seen December 27, 1848. Strumous. Moist eruption behind ears which ultimately extended over head and neck and trunk, as far as genitals. Curvature of spine, protruding shoulder blade. In two years, eruption had disappeared and also the curvature. Slight returns of same symptoms in 1851 and 1852, but quickly removed. In 1853 gastric fever from which she recovered quickly, but in winter, 1853, eruption reappeared lasting till March, 1854; appeared again in early part of 1855 but gone by middle

of February, when catamenia were profuse. During summer had influenza with some pains in abdomen, cured speedily by a dose of zinc. For some time quite well, went to a boarding school, when there severe headaches and epistaxis. Soon well again. *January*, 1858.—Teacher wrote of severe pains in back and one occasion tetanus. Shortly after voice failed, impossible to speak a loud word. *February* 24th.—Patient was brought to Dr. von B. "I then discovered that her's was a perfect case of *tabes dorsalis*. When seen, great loss of voice, pain in back, burning; like hot iron pushed through spinal column. Earlier in the disease there was a sensation as of insects crawling upwards. For last few weeks unable to walk, for some time previously could only do so in broad daylight. Soles of feet felt like soft cushions, had lost all sensation in the feet, could not stand without support. When in bed had no knowledge of the position of lower extremities. Before losing power of walking, on attempting to walk a few steps in the dark always turned to the left—missing her way. Sensation of contraction in abdomen, as of a band drawn tightly round it; this and pains in back most severe when attempting to move; otherwise health good, looking well, in good flesh, appetite good; bowels regular, rather copious.

Gave aluminium metall. 200 (Lehrman). Dissolved in six tablespoonfuls, one ter die.

February 26.—Decided improvement. No medicine.

March 1.—Improvement continued. Aluminium 200 as before.

March 5.—Improvement continues. Patient up the whole day. Walks about an hour and even goes upstairs without much difficulty. But when I closed her eyes she invariably turned to the left.

March 10.—Alum. met. as before.

March 15.—Nat. mur. 200 taken as alum. met.

March 21.—Patient came to see me at my office. Alumina 3000, after which improvement more rapid; but pains in the back increased.

March 28.—Gave caust. 200. Pain in back disappeared after it, and voice improved, but weakness in the legs and numbness of the soles of the feet reappeared.

April 11.—Again gave alum. met. 200. Again on the 20th. On the 28th, puls. 200, and finally on the 7th May, sulph. 200, after which the last symptoms of disease disappeared and nothing of the kind has recurred since.

The discovery of this remedy for *tabes dorsalis* was the result of the study of alumina, for this is the only remedy among those thus far proved that has the most striking and characteristic symptoms of the disease."

ABORTION BY LEAD SALTS.

G. SCHWARZWAELLER (*Berl. klin. Woch.*, February 18th, 1901) recounts his experience in dealing with women who had taken some form of lead in order to procure abortion. Out of 300 abortions he was able to trace a criminal lead abortion in eighteen cases. The form taken was usually the commercial white lead which the patients knew under various names. The dose was admitted in seventeen out of the eighteen, to vary between a "knife point" and a teaspoonful. In two cases there was no pregnancy, the patients imagining that they were "in the family way." He found the patients pale, and showing sixty to eighty per cent. hæmoglobin. Lead was found in the urine. The gums showed the usual "lead line," while colic was the general symptom. He did not observe anæsthesia, paralysis, or mental disturbances in any of his cases. All his cases recovered. In two cases, in spite of severe symptoms, the abortion did not take place, and a full-time birth occurred later. Mostly the abortion took place at least a week after taking the lead, and once it took place seven weeks after. He used opium, iodide of potassium, and external application of powdered sulphur.—*British Medical Journal*, April 20.

GELSEMIUM IN OCULAR THERAPEUTICS.

BECAUSE of its marked effects upon the nerves of the eye, gelsemium has been tried in several diseases of that organ and found to be reasonably satisfactory in some of them. Where an over-exertion of the eyes brings on amblyopia, or partial loss of vision varying from a slight weakness to an almost total blindness; where there is a mist before the sight, a confusion, a drooping of the upper eyelid, together with more or less headache, this remedy does much good, and is worthy of a trial. Ptosis, when not due to traumatism, can be relieved. Asthenopia, when due to insufficiency of the external recti muscles, some simple cases of glaucoma, and catarrhal conjunctivitis have been cured by minute doses of gelsemium.—*Med. Summary, Medical Brief, June.*

HOMŒOPATHY IN ST. PETERSBURG.¹

THE homœopathic doctrine has many skilled followers in St. Petersburg, and there are several associations of interest.

¹ A Report to the Société Homœopathique Française, by Dr. GERARD ENCAUSSE. Translated from the *Revue Homœopathique Française*, May.

In the first place we may mention the Society of Homœopathic Physicians, and the Association of the Friends of Homœopathy. There are others also.

The Society of Physicians is under the presidency of Dr. Brazol, whose knowledge and geniality you had an opportunity of observing at our recent congress. You will, therefore, not be astonished to learn that he received me with great warmth on my arrival at St. Petersburg. Dr. Nicolas Gabrilowitch is secretary, and Dr. Eugène Gabrilowitch treasurer of the society, which has thirteen medical and more than a hundred non-medical members in St. Petersburg, beside many more in the provinces. This Society derives its funds from the working of two Pharmacies attached to the clinics; for the Russian Homœopathic pharmacies are conducted under the direct management of the societies by a salaried chemist, who has also an interest in their success. This provides an income.

The Dispensaries are attached to the Pharmacies. The first is at 82, Perspective Newsky, and, with the Pharmacy, it brings in about 10,000 roubles (about 26,000 francs) of net profit. The Dispensary of the Vosielewsky Ostroff brings in a profit of about 1,000 roubles; the two combined giving an annual average of 10,000 to 15,000 consultations, all the patients (except the indigent) paying 30 kopeks (about 90 centimes).

Among the physicians in this Society, I ought to mention Dr. Fraenkel, a "*complexiste*," and Dr. Brand, an "electro-homœopath," so well are all the schools represented here.

The Society of the Friends of Homœopathy is much greater both in number and in riches than the Society of Physicians, though several physicians are members of both bodies. It has two institutions to carry out its propaganda and activities; a large clinique at the corner of the Perspective and the Gastine Edword, with a Pharmacy, and the Homœopathic Hospital of Alexander II. at Petersbourskaja Stor, Litcerskaja 6. We will review these two foundations.

The Clinique, under the direction of the brothers Solaview, is situated in the best part of the town, at the corner of the Perspective Newsky, and faces the Galleries of the Foreign Merchants. It is luxuriously installed in the second storey of a house, the ground floor of which is occupied by the homœopathic Pharmacy. The Clinique, entirely devoted to out-patients, consists of three consulting rooms which are at work from ten in the morning till three in the afternoon. All the patients pay, except those who are absolutely in want; but the fee is very small—30 kopeks (about 90 centimes). Six medical men keep up the service of the Clinique and of

the Hospital which we shall describe later. They are Drs. P. and V. Solaview, L. Fraenkel, G. Sidorenko, A. Posnanski, A. Zolenkoff. There are two fine waiting rooms, the larger of which can seat fifty people. The total number of patients seen at the Clinique runs up to 40,000 and even 50,000 in a year. The drugs are dispensed by the special pharmacy at a price of 25 kopeks (75 centimes) for draughts and 20 kopeks (60 centimes) for tubes of pilules. The indigent get their medicines *gratis*. This Clinique is under the protection of the Society of the Friends of Homœopathy, of whom we shall have occasion to speak more fully later.

The Homœopathic Hospital of Alexander II. is placed in the best wooded and most airy part of St. Petersburg, near to a large park and to a college, at the beginning of the "Islands." It was finished in 1898, and may be regarded as one of the best, if not actually *the* best, of European Homœopathic hospitals. It deserves, therefore, a description in some detail.

The Hospital was built under the auspices and at the expense of the Russian Society of the Friends of Homœopathy, and it affords a living proof of the unwearied devotion of the brothers Solaview to the cause which is dear to us. It contains fifty beds for in-patients, and an excellent out-patient service, well arranged in a splendid stone building of a single storey built over cellars.

The ground floor is given up to out-patients and the quarters of the medical and administrative staff. The upper floor is reserved for in-patients.

The entrance to the Hospital is by a large and noble hall, to the right of which is the out-patient waiting room, luxuriously fitted with tables for reading. The two consulting rooms can be used at the same time and communicate by means of a large, bright corridor with the waiting room to the right.

This department deals with 16,000 consultations in a year. Each patient pays a small fee of 30 kopeks and receives a white ticket: the very poor pay nothing and have a coloured ticket. The medical men who attend here, as also at the Clinique, are the brothers P. and V. Solaview, the first being physician in chief. Dr. Sidorenko is permanent principal medical resident officer, with whom M. Poznanski is associated. M. M. L. Fraenkel and A. Zolenkoff are also members of the staff.

After seeing the doctor, the patients repair to the left of the hall where there is a special dispensary for them. This dispensary is very well arranged: each drug is in its own proper drawer, and this drawer contains all the dilutions and

triturations of its drug from the first to the thirtieth. As at the Hôpital Saint Jacques at Paris, the dilutions and triturations used are the lower ones and seldom go beyond the sixth. The mother tinctures and the stocks are kept in the cellar of the dispensary, to which a well-fitted laboratory is attached.

In the cellars also is the heating apparatus which consists of a central boiler for the hot water which circulates throughout the whole establishment, keeping all the rooms at a uniform temperature and avoiding the perils incident to other methods of heating. Large vessels of water below the heating coils preclude undue dryness of the air.

On the ground floor, behind the consulting-rooms, runs a large corridor, about three mètres wide, upon which open the rooms of both the resident medical officers who attend to the work day and night. The physician-in-chief spends every other night in the hospital. The nurses, the servants and the chaplain are also lodged in this part. At the end of this corridor, to the left, is the kitchen with a large central stove and ample offices. Filters and plate-racks ensure the purity and cleanliness of food and drink. The food is distributed by a hot-water waggon with india-rubber tyres, which obviates the chilling of meals on the way to the wards.

Leaving the ground floor and mounting a fine staircase which fronts the entrance hall, we reach a lobby on the first floor, on the right of which are the male wards, on the left the women's wards. A fine corridor runs the length of this floor.

The patients have here a library in which they may meet their private visitors. Moreover, there is an immense hall easily capable of accommodating 300 people, so arranged that one end of it can be either displayed or shut off. When it is open, the hall is converted into a comfortable chapel with a marble *ikon* stand, the gift of Botha, the sculptor. When the images and sacred objects are shut off, the hall is available for social réunions or any like purpose. The Society of the Friends of Homœopathy has more than 800 members, and it was one of the chief of them, his Excellency M. Manichich, who took the trouble to act as my guide and to present me to the staff, for which I thank him particularly.

Let us return to the patients. The wards contain one, two, four, five, or eight beds. The patients pay 75 to 150 roubles (190 to 380 francs) a month in the small wards, 35 roubles (about 90 francs) in the large common wards. The wards are flooded with light and air by large bay-windows opening on to the park. The corners are rounded off, there are no hangings, and everything is easily washed. The walls are painted

white. At the ends of the corridors powerful ventilators ensure the renewal of fouled air, so that, as in every true homœopathic hospital, there is no suspicion of a smell in any part of the establishment.

The bathrooms and shower baths, the water closets with their flushing apparatus, and all the offices of the wards are also perfectly appointed.

To sum up, the Homœopathic Hospital of Alexander II. is truly a model hospital which might well act as a copy for many an hospital in other lands. Everything is perfectly arranged for the service of the sick and for the advance of the best principles of homœopathy. It constitutes by the number and nature of the cures which it effects a propaganda by facts, and that is far preferable to all theoretical discussions.

Moreover, the Society and the brothers Solaview deserve every possible recognition and encouragement for their good work of perseverance and mercy. I only detect one single want in this hospital and that concerns the personal work of the medical staff. In the French Hôpital Saint Jacques, Dr. P. Jousset has founded a well equipped laboratory for experimental research in matters touching our doctrine. It is thus that we have been able to demonstrate the close bonds which exist between the teaching of Pasteur and our philosophy of vitality. It is thus that Dr. Jousset has been able to show the old school how progressive a school homœopathy is, capable of adapting itself to the exactitude of experimental science. Such an institution, with a hot room and cages for the guinea-pigs, annexed to the excellent installation for microscopical research, already in existence at St. Petersburg, would give the medical staff the chance of taking their part in original work at those great international tournaments which homœopaths hold at the periodical congresses.

Apart from this small lack, I believe that there does not exist in Europe a finer, or better equipped homœopathic hospital than that which I had the honour of visiting on March 3rd, 1901.

BOSTON HOMŒOPATHIC SOCIETY.

THE following extract from Dr. Halsey's presidential address, delivered at the opening of the sixty-second session of the Boston Homœopathic Society, is of interest as demonstrating a growing liberality in the profession towards homœopathy. The encouragements and discouragements of our American brethren are very similar to those which we find in England.

"Sixty-one years have passed since this society's organization; what has been accomplished by our branch of the profession during this time? We find in the United States 21 regularly chartered Medical Colleges with alumni over 13,000. Of General Hospitals we have 85, many of these with liberal endowments; we wish we might say the same of the colleges. Of Special Hospitals we find 67. Our National Societies number 9, State Societies 33, Local Societies 101, Medical Clubs 42, Medical Journals 30, Dispensaries devoted entirely to charity 58. Reports from 42 of these show a record of nearly 600,000 patients treated during the year 1899. The service rendered at these institutions by the profession is, as it should be, entirely gratuitous, the expense incurred in their maintenance comes almost entirely from private sources. These are most creditable figures surely. Now a word about the character of the work done at these institutions. We have 21 Medical Colleges; what as to their standards and requirements? We point with pride to the fact that our college, the Boston University, was the first college in our school to require a three years' graded course. Other schools soon followed our lead. Once again was the standard raised by Boston University making a four years' graded course compulsory. Many colleges, including Harvard University, have followed this example; it is to be regretted that all have not done so. Harvard now goes a step farther, requiring an A.M. or a B.A. before admission. The wisdom of this step has not been fully determined, but we feel sure the future will justify it. We have 182 Hospitals under Homœopathic management; what are their records? Many of those present will recall with pleasure the kind and manly remarks delivered in the session of the legislature by Dr. Geo. N. Munsell, of East Boston, a member of the committee to whom the bill for appropriating nearly \$200,000 of the State's money to build a new surgical wing to our hospital was referred. The doctor, an allopath, openly and violently opposed the bill when it was first presented. His duty as a member of the committee required him to visit the hospital. This he did one morning, and, instead of spending half-an-hour there, he stayed all day. Every department was carefully inspected, operations were in progress in the amphitheatre and he spent several hours there. When the report of the committee to whom the Bill had been referred came up in regular order, the doctor arose and said that although he was a member of the opposite school and opposed to the Bill primarily, he had visited the hospital in question, spending nearly the whole day there, that every facility was given him for a thorough inspection,

that with quite a long experience at home and abroad he had never visited one better appointed or conducted, that the surgeons appeared to understand their business; and in short, he was completely converted in favour of the Bill and he should vote for it. It was a most generous and unprejudiced action, and without doubt did much to assist the passage of the Bill, as pass it did; and it gives us great pleasure to recall the incident this evening. Since then, extensive alterations, involving the expenditure of a large amount of money, have been made, and to-day our hospital stands for one of the best equipped institutions in the country. What is true of our own will apply with equal force and truth to almost all throughout the whole country. In many of our cities and suburban towns the two schools are represented in the same hospital, and only exceptionally has there been any friction.

"After so many years of struggle and work, with such results to our credit as we have shown, is our status with the dominant school of medicine any better than it was twenty-five or more years ago? It is commonly heard nowadays amongst the laity that the two schools are losing their bitterness towards each other, that they are both yielding some points, and that they are really getting closer together. Is this true? We believe it is true in a measure, yet there is a gulf. It is true that in this city of Boston, as in many other cities and large towns, there are many broad-minded and liberal physicians in the dominant school, who meet us on the same plane, having only the welfare of suffering humanity at heart, causing us to forget for the time that such a thing as separate schools exist; indeed they have been known to not only meet us, but to use us in council as well, in defiance of their code of ethics. We fear that amongst the rank and file of the old school, however, the same feeling of intolerance prevails as existed when Drs. Talbot, Clapp, Chase, West and others, all graduates of the dominant school, were forced out of the society because they dared to stand up and say that they wished to test the truth of these new laws as formulated by Hahnemann. No intimation that they wished to advertise or even call themselves by any distinctive name was given, simply the right to use these new remedies prescribed on new lines, to do it openly and report results. The ruling spirits in the society would have none of it, they were cut off from all association with their fellows, and asked to flock by themselves. After fifty years of life, having endured all the obloquy which it has been possible to heap on us, with the only result which ever happens to a just cause from persecution, now that we are

beginning to see light, we are told by this dominant school that, if we will simply drop this hateful word "homœopath," they will take us in even now. This is a liberal offer surely, yet we fear that their arms are not open wide enough under the circumstances for us to get in without crowding. While no opportunity for sneers, inuendoes and covert attacks on us as a school is lost by many of their lecturers in the medical colleges throughout the country, the breach is not lessened. While we read in their addresses given many times by representative men, sentences in which homœopaths, osteopaths, Christian scientists, and mental healers are classed together as equally entitled to consideration, the days of drawing together have not fully arrived. While they use our remedies prepared by our methods, using the small dose given on purely homœopathic lines almost every day, giving us no credit thereby, but denying that they do so, while almost all their leading chemists prepare a line of drugs put up in infinitesimal doses and recommend their use on purely homœopathic principles, it ill becomes them as a school to prate on our dishonesty, and claim we do not live up to our professions. The younger members of the dominant school of medicine graduated within five years or so, take a broad and lofty plane; they are not allopaths (and out of deference to them you will notice we scarcely use the term to-night) or homœopaths or any other — "path," they are physicians in the broad sense of the term, having the right to use anything and everything for the good of the patient. This not only sounds well to the laity but it has an element of danger in it to us. It would imply that the physician graduated in the allopathic school of to-day was educated in all known methods for treating the sick, that he was prepared to use any and all of them if he so desired. This they know and we know is absolutely false; he not only knows nothing of homœopathy, but what teaching he gets on that subject tends to convince him that the whole system is an absolute fraud, and that the men and women who practise it are conniving to hoodwink the public, and are necessarily knaves in so doing. The American Institute of Homœopathy, recognizing this danger, has adopted a definition as to what constitutes a homœopathic physician, formulated by Dr. E. H. Porter, of New York, a definition so broad and so good we will quote it: "I define a homœopathic physician, as one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics, all that pertains to the great field of medical learning is his by tradition, by inheritance, by right."

HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.

THIS well known and highly appreciated Institution was incorporated by the Legislature of the State of Pennsylvania fifty-four years ago, and empowered to grant the degree of Doctor in Medicine, carrying with it a license to practise medicine and admitting its possessor to enjoy all the privileges of a physician. During the first few years of its existence it was entitled "The Homœopathic Medical College of Pennsylvania," latterly it has been known under the name given above. The endeavours of its Faculty, Board of Trustees, and of its graduates have been constantly directed to increase its facilities for providing the highest and most complete medical education of its students, and for conserving the sustained interests of its graduates in their *alma mater*. For this purpose the *Alumni* have been organised and are assembled annually, concluding their meeting with a banquet and various speeches. We here give an abstract from the *Hahnemannian Monthly* of that which has just been held.

"*Banquet of the Hahnemann Alumni Association, Horticultural Hall, Philadelphia, May 15th, 1901.*—The divine blessing was invoked by the Rev. Dr. Tompkins, of Holy Trinity Church, Philadelphia, after which the Alumni and guests were banquetted.

Dr. CHARLES A. GALE (President): It gives me pleasure, gentlemen, to introduce as the Toastmaster of the evening, Dr. O. S. Haines. (Applause, hurrahs and college yell.)

Dr. OLIVER S. HAINES: Thank you! thank you! Mr. President and Gentlemen of the Alumni; we toast first, to-night, fellow Alumni, 'The Alumni'; and it needs no eloquence to stir the pulse and arouse the vast enthusiasm of the Alumni of old Hahnemann; for we have gathered here to-night with the heart of every alumnus fairly aglow with gratitude and thanksgiving for the past triumphs of his Alma Mater, and with hopes for the still more glorious achievements yet to be hers. We toast, to-night, her 'Alumni'—her thousands of brave sons who have in the past, and are to-day, standing guard so faithfully over the health and happiness of millions of this world's people; and now I ask for quiet. Perchance it may be the acme that portends an outburst of applause, for there will be a perfect *gale* blowing in a minute or two. (Laughter.) I feel it.

Gentlemen, I have the honour to introduce to you the distinguished Charles A. Gale, M.D., of Rutland, Vermont, the honoured President of this Association. (Applause and college yell.)

Dr. CHARLES A. GALE: Mr. Toastmaster, Gentlemen of the

Board of Trustees, Brethren of the Alumni Association: In February, 1848, there gathered in this city three brave and fearless men, who decided that the time had come to have a College where the truth of Homœopathy might be taught—Drs. Hering, Williamson and Jeanes. (Applause.) They petitioned the Legislature, then in session, for a charter incorporating the Homœopathic Medical College of Pennsylvania. We, the members of the Alumni Association of Old Hahnemann, to-night are the legitimate offspring of that meeting, and we have reason to be proud of our heritage.

What is the result? We are the Alumni of the oldest Homœopathic College in the world. We are the Alumni of the best Homœopathic College in the world. (Applause.) We have in our list the largest number of graduates of any Homœopathic College in the world—2,500 or more. We have more famous men that have graduated from our College than any other Homœopathic College in the world. The graduates of Old Hahnemann have gone forward and carried the banner of Homœopathy to every part of the earth. The men who have been associated with our College and have gone out from these portals have illuminated her fame and shed a lustre that Time can never dim! Look at the list, and you will excuse me if I read a few of them. If I don't read all of your own, do not think it is because you are not famous, but simply be cause of lack of time.

Commencing with the Class of '48, we find Gardiner, who was a power in his time; Dake, as we go down the list; Hel-muth, our poet-surgeon (applause). He may be said to be the Nestor of Homœopathic surgery; Talbot, who did so much for Homœopathic anatomy; Couch, Gause, Dudley, Sam Small, McClelland, Farrington; those of you who had the privilege of sitting and listening to his lectures know whereof I speak; Cowperthwaite, Korndorfer, Trites, T. F. Allen, Goodno; you all know him, and have reason to; J. C. Guernsey, Charles M. Thomas, J. Nicholas Mitchell, Mohr, Price, Smedley, Van Baun, Van Lennep. The speaker was repeatedly interrupted by applause, college yells, and cheers.

These are but a few of the famous men who have gone out as graduates from our College and whom we call 'Brothers.' We have a list equally distinguished that are brothers by the conferring of honorary degrees: Kitchen, the revered; Raue; Weaver (hurrahs and cheers and college yell, with prolonged applause). World-famed, this man Weaver, for his researches in anatomy; and last, but not least, the noblest of them all—our father, our loved father—Professor A. R. Thomas (cheers and prolonged applause). Entwined around his memory is the never-fading evergreen.

In our organization we have now a list, I think, of over 1,400 members.

Our Alumni Association should stand by, be a help, and uphold our Faculty and Trustees in trying to keep up the standard of Old Hahnemann and to continue to improve in method and in teachings.

You know that Homœopathy has found its way into the minds of the public and the people because they give but little medicine. There are a great many people in this world who are afraid of powerful doses, and we must not forget that the beauty and efficacy of Homœopathic treatment is in the small doses. We must not allow ourselves to be carried off our feet, and think no effect can be produced, no cures made without massive doses. I say, then, gentlemen of the Alumni Association, let the good work go on. Help in every way to keep up the standard that the Faculty have started for Old Hahnemann. (Applause.)

TOASTMASTER: We toast now 'Our Inheritance.' You may imagine my surprise and pleasure to find that the gentleman who is to respond to this toast is none other than my beloved preceptor of twenty years ago, Dr. John Nicholas Mitchell of Philadelphia. (Applause and college yell.) Why, gentlemen, he is the man who made me what I am (applause), although I do not know that Dr. Mitchell would care to have this fact widely known. (Laughter.)

I feel, as I stand here to-night, that I cannot refrain from paying at least a feeble tribute of praise to one, at least, of the characteristics of his teaching, a characteristic which will be remembered by all of his pupils, of which there are present to-night a goodly number. Dr. Mitchell taught us that the soul of medicine is the practical part, and he taught us that the test of any man's power is his ability to meet and overcome difficulties.

Now, this is the gentleman who is going to tell us about our inheritance, and if he is the same Dr. Mitchell whom I knew twenty years ago, I am going further, and predict that he will ask us what we have done with it.

Gentlemen, I have the honour to introduce to you the sincere friend of every alumnus, Dr. John Nicholas Mitchell, of Philadelphia. (Applause and college yell.)

DR. JOHN NICHOLAS MITCHELL: *Mr. President and Fellow Alumni:* 'Our Inheritance.' Now, when we discuss such a subject as an inheritance it may be looked upon in many ways. It is a possible thing for us to discuss an inheritance in the manner of how we will spend it, how we will live up to it, how we will have any feeling of responsibility concerning it, but simply enjoying it regardless of those who follow after. I have no taste for a man who follows that principle.

Much rather would I ask you to go back to those days, long past, when therapeutics had no law, when massive drugs were the order of the day, when the physician, by the drugs he gave, often did more harm than the disease he encountered, until our Master Hahnemann brought out of that chaos order, when he gave utterance and proved his utterance with *Similia Similibus Curantur!* I ask you also to recall the immense amount of work done by some of Hahnemann's students who left the old world and came to this country, and how to-day we benefit by the works of Hering, Raue, Guernsey, Thomas, and all those men who have for years and years worked up and built up this body to which we belong. I ask you to remember also, as part of our inheritance, the fact of this College to which we belong—starting as it did, in 1847, a small building with few professors and few students—has grown to be the large College and Hospital that it is to-day; remember that also as a part of our inheritance. I wish to say also, and call your attention to the fact, what a frequent thing it is to hear from our patients who go abroad, how difficult it is, in the old world, to find a homœopathic physician, except in a few places here and there, where men have made themselves famous, and how that has been thrown more or less upon us, more or less as a block against our school; that through the laws and trades-union-like methods of the old country, homœopathy has been unable to grow, and to look upon it as part of our inheritance in this country, and that in this free land it has grown and spread until it has come to us at the present day as a part of our inheritance.

Now, all these points we must keep in mind, and the question that comes before us with great import at this time is, 'What are we going to do with our inheritance? There must come a time when we shall drop it, and when we and our part must pass it on to future generations, to those who inherit it from us. It does not become me to criticise or speak of what we are doing. I rather wish that each man would give it his thought himself, and yet I cannot but refer to the curious statement that I saw in one of our journals recently, in the proceedings of one of our societies, where, under certain circumstances, a certain physician had advised that one hundred grains of iodide of potassium should be given daily in a certain case; and as I read it, it recalled to me the story, as given by the old coloured minister, of Esau and Jacob, where he ended up the story by saying: 'And Esau sold his heritage for a mess of potash!' (Laughter.)

Now, gentlemen, with such an inheritance as that as we have, with the responsibility that is on us, is it not an important thing for us to keep in mind, that we do not lapse into

that state of degeneration, that we do not lapse into that state of absence of advancement, but that each and every one of us should nourish and nurture that which we have received, in order that, in due time, when we come to pass it on to those who are to succeed us, we will also be able to give them an increased quantity of the good things and of the purity of those things which in time were handed to us. (Applause.)

TOASTMASTER: We toast now 'The Class of 1901,' and, gentlemen, you certainly have infected us to-night, but we couldn't help it if we would. There is certainly nothing in this world as irresistibly contagious as your spontaneous good humour and your hearty laughter. Now, for four long and weary years you have been looking forward to this evening with very pleasurable anticipation, and, if you will allow me to be correct, I will add, not unmixed with some apprehensions.

Gentlemen of the Class of 1901, the Alumni Association welcomes you with their heartiest congratulation, and offers to every one of you the cordial hand of fellowship upon this (applause) which is virtually, you know, your 'coming-out party.'

Fellows of the Alumni Association, I have the pleasure and honour of introducing His Majesty, the 'baby alumnus,' *alias* Dr. Thomas L. Thompson. (Applause and college yell.)

Dr. THOMAS L. THOMPSON, '01: 'The Class of 1901.' Mr. Toastmaster, Members of the Alumni Association of Hahnemann Medical College: This is to us the far-off event dreamed of. Four years ago it seemed indeed a long way into the future, and despair of reaching this happy goal darkened many hours for some of us.

Analyzing our feelings to-night, we find quite a complexity of emotions. There is the usual element of sadness in leaving familiar scenes and in breaking off cherished associations; there is joy that we are ready for active work; and along with the diploma which we have just received there comes a feeling of freedom and self-importance.

TOASTMASTER: We toast now, gentlemen, the last—'The Faculty.'

There are some great men in the medical profession whom we honour because of their eminence, whose skill excites our admiration and whose professional learning fills us with awe, but, at the same time, gentlemen whose personal attributes, whose genealogy and whose considerate kindness toward professional brethren, whose approachableness and whose frankness awaken in our hearts an affection which, at times, fairly eclipses all the other emotions, and it is my privilege to introduce to you now just such a man as our beloved Dean, Pemberton Dudley. (Applause and college yell.)

DR. PEMBERTON DUDLEY: Dr. Mitchell has talked to us about 'Our Inheritance.' I want to say something on the same subject. I have been forty years in the wilderness of pills and powders. The date that ought to have been given here by my name is '61. There are left of us thirteen out of that class of thirty-one. There is only one besides myself who is always present at these Alumni banquets, Dr. Robert P. Mercer, of Chester — God bless him (applause).

Now I want to say something about the progress that Hahnemann College is making. I want to speak to you about this forty years in the wilderness. I want to travel with you from the shores of the Red Sea to Mount Nebo. I am going to talk about forty years, but I do not want to talk forty years, else the dreams of this love-feast will be indefinitely postponed.

I often think of the time when I attended "Old Jeff," and when I attended the Homœopathic College of Pennsylvania on Filbert Street, as many of you did, and about the things we saw in those places.

The professors in those days came into the room with their coats buttoned about them and they were fixed up; they looked pretty nobby. They came in and would bow their heads and they would lecture, they would then go out, and that was the last of them. Of quizzing there was very little, and what there was it didn't amount to anything, as far as I can remember. I wonder that students learned, really learned anything, except in anatomy, and yet we had a splendid professor of physiology—he ran like a steam-engine with a governor belt! The students used to say of that Professor—Robley Dunglison, author of the Dictionary—that when he was wound up for one of his lectures he never put in a period so long as he could hold his breath, and that he never put in anything of any other sort unless he was taken with a fit of sneezing, of which he had many spells. He was a pompous old Scotchman.

Of bandaging and practical surgery there were none. Of bacteriology, the thing wasn't heard of. Of asepsis nothing was known. Anæsthesia had only been in use ten or twelve years. I remember that we frequently saw Professor Gross drive up in his carriage, get out of his carriage, hitch his horse, walk right into the amphitheatre and cut off a man's leg, and then turn around and wash his hands—a common thing to do—and when that man was taken, a few hours afterward, with all the signs of septic poisoning, they called it "surgical fever," and that was all they knew about it. They thought the cutting process was related to the fever.

Well, I went up to the Homœopathic College of Pennsylvania next year, and we had the same sort of thing there. Seven professors and one demonstrator. It is true we had good teaching in homœopathy. There is no doubt of that. We had good teaching in surgery, so far as we had facilities and opportunities for it, by Professor Gardiner. Now, I remember those men; I remember Dr. Silas Brooks; some of you do also—Brooks, Gardiner, Gause, Moore, Semple; noble men, every one of them. They are all gone, every one of them—my teachers!

Now, as you think of that picture that I have tried to draw, and compare it with Hahnemann College of to-day, with its large equipment, with its numerous lecture-rooms, with its multiplicity of laboratories, with its magnificent clinics, with its great, big, extensive hospital, with its thousands and thousands of patients coming in and supplying every clinical need that we could possibly have, and with a comparison between that which is and that which was, we are led to say: 'What hath God wrought in medical education!'

And, now, from that point, let me say just one word further, because I am going to make this speech very short. As Judge Hanna was sitting by my side to-night, we were talking about the future of Hahnemann College; we were talking about the increase in her real estate that has occurred within the last twelve months; how that she has nearly doubled her land-estate on Broad Street and on Fifteenth Street. I said to him, looking back forty years ago, and measuring the distance that we have come, and then, laying it out on futurity forty years longer, What may we expect will be the needs of medical education and the attainments of Hahnemann College in that time? Do you think that forty years ago the physicians and surgeons that constituted Jefferson College of Philadelphia and the Homœopathic College of Pennsylvania could have even imagined what the present would be?

What do you suppose is going to be required for the Hahnemann College library in the future? Now, just stop and think about just that one thing. Why, if I mistake not, it will some day need as much room as the present College building occupies. In other words, Hahnemann College some day will need a building for her library at least the size of her present College building. Where are you going to put it?

She will need another building for her museum and cabinets of the same size. Where are you going to put that? You say it will not be for a hundred years, but it will be a great deal sooner than that. Do you suppose that in forty years the surgical clinic will be down in the basement? Do

you suppose the gynæcological clinic will be down in the basement? Why, sir, our posterity would not tolerate that for a day. They would say that would not be allowed. Do you suppose that the dispensary of the Hahnemann Hospital will be so cramped in that the rooms that were originally intended for dispensary work will be cut up into two or three little boxes or apartments by means of wooden partitions, and that incoming patients will be received in the corridor? Do you think that? Do you suppose we will get along, some of these days, with four lecture rooms? We need eight now. Do you suppose we will get along with the laboratories we will have? Do you suppose there will also be as part of our medical course biology and zoology and general physics and general chemistry, or do you think they will be studied outside? Or do you think they will be studied in preparatory departments? They will have to be one or the other. Already the Executive Committee of the American Institute of Homœopathy have declared these to be conditional preparatory studies, the declared object being to get them, as rapidly as possible, eliminated from the first year of the medical curriculum. That time is coming very soon, and then we have either got to have a preparatory school or else cut out a great many applicants for admission. That will come in the next five years.

Then the time is coming when the term of study will be increased to five years, instead of four, and the whole five years given up to study in preparation for medicine. That means there must be five classes instead of four. Your lecture-room facilities must be increased. Your laboratory and library and museum must be increased, and your clinics increased, and probably it all means that where there is now one building that is used for all these purposes, there must be then three or four or five or six.

Now, we think we have a nice piece of property up there. Gentlemen, it is but the beginning of what must be, and I claim that we, as the friends of the College, must be on the lookout. We must provide ourselves with the means by which Hahnemann College and Hospital can grow, because the college that does not grow does not live in these days, or, might as well not live. I heard a minister say years ago that nothing grows but that first lives. We must reverse that and say, nothing lives in an educational institution unless it grows. I want you to think about that; you are the ones who are interested, not so much the older ones. Be careful to do whatever you can to forward the interests of the College in its material study. She needs that, she needs it badly. The time must come when all the chairs but the

clinical chairs must be endowed, and when the College must be independent of the receipts of the students, and the professors must be paid salaries by the Board of Trustees, and when all the receipts must go into the hands of the Board of Trustees.

I leave this subject for you to think about. The Faculty is already thinking about it.

The Toastmaster then appropriately referred to the eloquent address by the Rev. Dr. Tompkins, previously delivered at the Academy of Music, and asked the Reverend gentleman if he would not say 'good-night' to the boys. Rev. Dr. Tompkins said, 'It seems to me you are a jolly lot of fellows; you don't look like doctors a bit—just like ordinary men, like ministers.' Perhaps his jokes were more full of mirth and provoked more laughter than those by any other speaker of the occasion; in fact, his 'adieu' to the boys was simply a recital of funny stories. Seriously, he said: 'Let us try to keep at the top; let every man try to be the best man.' The doctor was given a loud applause and the college yell.

THE DIETETIC VALUE OF SUGAR.

AN extremely interesting paper on this subject was read before the Shropshire and Mid-Wales Branch of the British Medical Association by Dr. Willoughby Gardner, and is published in the *Journal* of that Association for April 27.

After dealing with the prejudice against sugar which existed a generation ago, Dr. Gardner points out the great revulsion of opinion that has now taken place, and gives an instructive *résumé* of figures to illustrate the growth in the production and consumption of sugar. It appears that the annual consumption of sugar *per head* in Great Britain has risen from thirty pounds in 1863 to eighty-six pounds in 1890. There is a curious difference in the national consumption of sugar. In the year 1896 Great Britain headed the list with 85·16 pounds per head of the population, the United States followed with almost twenty pounds less, and the average Russian consumed only eleven and a quarter pounds, while in Italy and Spain the consumption falls as low as seven pounds per head. From these figures Dr. Gardner draws conclusions.

"It will be noticed that the Americans are the only other people who eat sugar in anything like such large quantities as we do. In fact, the Anglo-Saxon may be distinguished as the sugar-eating race. The characteristics of that race are its energy, robustness, and vigour, its pluck, and its power of

endurance; and again we must notice that it is especially during the last half century that that race has multiplied so enormously and has spread over the earth, and we have seen that it is during this same half century that its consumption of sugar has so greatly increased. In looking down the list we notice that the Germans consume but little sugar; we must not forget, however, that they drink vast quantities of beer, which contains a very similar sugar, namely, maltose. Very nearly at the bottom of the list we find the Russians. A short time ago there was an article in the *Spectator* on the Slav characteristics, in which it was said: 'One deficiency is a certain want of energy. The Russian has energy, it is true, but not of the true western kind, which goes on, whatever the obstacle, determined not to stop till one is at the other side. The energy of the Russian is that of the under-vitalized man who does not stop and does not change, but who advances languidly with halts, and with a proclivity to dying before his work is finished. Russian armies ordered beyond the frontier melt away imperceptibly, their own generals cannot say why. The cause is want of 'stamina,' that is, energy in the reservoir, more than want of supplies.' I hope to be able to show that it is this very vitality, this same stamina possessed by the Anglo-Saxon, lacking in the Russian, which sugar helps to supply. It is very interesting to note that the Boers are said to be particularly fond of sugar. They drink large quantities of coffee, and are accustomed to load up the cup with it or else to eat it in the form of sugar candy while drinking their coffee."

In the maintenance of the fighting man of the future, sugar will play an important part.

"In December, 1897, the question of the usefulness of sugar as a food for soldiers was raised in the German Parliament, and in consequence of the discussion that ensued a further investigation took place at Metz during the autumn manœuvres of 1898. Twenty men were selected from each company. An extra ration of 100 grams of sugar was issued to ten out of each twenty selected. The results were conclusively in favour of the sugar-eaters. They increased in weight, which their comrades did not, they enjoyed better health, and were able to support the hard work with much less distress. None were overcome by exhaustion, and their pulse-rate and breathing were less affected by exertion. They relished the sugar too, and did not get surfeited by it. The use of a lump or two was described as acting like a charm, not only against fatigue, but also in quenching thirst. As a result of these experiments it was resolved that the sugar ration for the German soldiers should be raised to sixty grams per diem.

The French soldier gets ten and a half grams during peace time, twenty-one grams during manœuvres, and thirty-one grams during active service. The English soldier gets thirty-seven grams."

Dr. Gardner gives a useful table of the characteristics of the various carbohydrates or saccharides :—

CLASSIFICATION OF THE CARBOHYDRATES OR SACCHARIDES.

1. The monosaccharides, formula $C_6H_{12}O_6$ = dextrose or grape sugar, levulose found in honey ; readily soluble, crystallisable, sweet. These substances are digested as such.

2. The disaccharides $C_{12}H_{22}O_{11}$ = cane sugar (saccharose), milk sugar (lactose), malt sugar (maltose) ; soluble, crystallisable, sweet. These substances are split up in the process of digestion into the monosaccharides—cane sugar into dextrose and levulose ; milk sugar into dextrose and galactose ; maltose into dextrose and dextrose.

3. The polysaccharides $(C_6H_{10}O_5)_n$ = starch, cellulose, dextrin, glycogen ; not crystallisable, generally insoluble in cold water, non-diffusible, not sweet. These substances are converted in the process of digestion into the disaccharide, maltose, and finally into the monosaccharide dextrose.

And he neatly summarizes the dietetic value of sugar as follows :—

1. It is easily digested and absorbed.
2. It is readily stored up as glycogen, forming a reserve of force-producing material.
3. It is in this form readily available when required.
4. It becomes completely oxidised without any waste and leaving no residue.

It has the additional virtues of being readily converted into fat and of acting as a proteid-sparer.

Dr. Gardner brings a highly valuable paper to an end by some suggestions. In malnutrition generally sugar is of great importance. Its comparative cheapness should render it preferable to maltine in cases where it is well tolerated ; maltine, however, has the advantage for children who suffer with muc-enteritis, where sugar is ill-borne. The bad character which sugar receives from the rheumatic is regarded as non-proven. The gouty who are also fat should abstain from it as from poison.

The article is essentially one which should be studied in its entirety.

LADY DOCTORS AND HOMŒOPATHY.

THE prevalence of ladies who graduate from Homœopathic Colleges of Medicine in the United States, has caused us to

wonder that, until quite recently, no English ladies had studied and adopted the benign method of Hahnemann. For a woman to graduate in medicine at all, in this country, or to obtain any diploma qualifying her to practise the profession, denotes the possession of distinct strength of mind and freedom of judgment. A lady doctor is still a comparatively *rara avis*. Such a mind and character must be, one would suppose, unusually free from prejudice. Until quite lately, however, we have not been able to count any ladies as colleagues in the fraternity representing homœo-therapeutics. In 1898, however, we were able to announce that Miss Edith Neild, now M.B. Lond., had become a member of the British Homœopathic Society, and undertaken a resident post at the London Homœopathic Hospital. Those who saw most of her work there were those who thought most highly of her grasp and knowledge of her profession, admired her quiet dignity of manner and unostentatious sympathy with the sick poor.

Since leaving London Miss Neild has begun practice in Tunbridge Wells, where she is assisting her father, our well known colleague, and is devoting herself chiefly to the diseases of women and children. The Committee of the Tunbridge Wells Homœopathic Hospital have recognised the advisability of securing the talents of Miss Neild for that Institution and she has already done good work there as one of the honorary physicians.

In the year 1900 Miss Lilian Cunard Cummins, L.R.C.P.I., and L.M., L.R.C.S.I., also became a member of the British Homœopathic Society, and House Physician to the London Homœopathic Hospital. After finishing this term of office she acted as Resident Assistant to the Gynæcological department. She has shown an excellent mastery of homœopathic therapeutics and been most successful in her treatment. In addition Miss Cummins has undertaken the duties of medical and surgical registrar to the hospital. She has also had the courage to commence practice in this overcrowded city of London, at 89, Great Russell Street, formerly the residence of Dr. Washington Epps, of Queen Anne Street. Miss Cummins is endeavouring to do her share, by starting a dispensary, in spreading a knowledge of the benefits of homœopathy amongst the poor, who are never slow in appreciating it after once it has been introduced to them. There are many who would gladly pay a small fee to obtain homœopathic advice, but who, on account of the scarcity of paying dispensaries have been obliged to abuse the charitable institutions. We welcome, therefore, every additional dispensary. It is probable that every medical man from time to time has ladies who prefer a doctor of the gentler sex, and it is pleasing to know that it is

now possible for such persons to gratify their wish without giving up homœopathy. Miss Neild and Miss Cummins may therefore look upon themselves as public benefactors of their sex. We both wish and prophesy for these ladies success in their career, and hope that other names may soon be added to the list of lady homœopathic practitioners.

HOMŒOPATHY, THYROID HYPERTROPHY—AND *THE LANCET.*

OUR entertaining contemporary *The Lancet* has (June 8) an annotation, under the aged and time-worn motto "*Ne quid nimis*," entitled "Homœopathy and Thyroid Hypertrophy" to the following effect.

"Mr. Walter Edmunds in his Erasmus Wilson Lectures draws attention to many important points in the pathology and diseases of the thyroid gland. In regard to treatment he makes one suggestion to which the attention of those who practise homœopathy may be particularly drawn. Mr. Edmunds says: 'With respect to cases of operative goitre without symptoms—that is to say, cases in which the presence of the goitre is the only trouble—it seems now to be clearly established that the administration of thyroid gland is the best treatment.' This statement at first sight would seem to support the homœopathic doctrine that 'like cures like,' but the lecturer's further remarks tend to show that this method of treatment offers an excellent example of the futility of the homœopathic creed: 'The effects of this treatment are so good that it [thyroid gland administration] must be regarded as a specific remedy; if it is, the enlargement of the thyroid gland must, in part at least, be attributed to an attempt at compensation and that attempt must be unsuccessful, for otherwise the increase in size would not proceed to the large dimensions that it does.' Far, then, from being an instance of 'like curing like,' the administration of thyroid gland in cases of goitre is an example of modern therapeutics in which the products of a secreting gland being in abeyance the deficiency is supplied by obtaining such products from other sources and giving them to the patient, so providing substances which are necessary to the well-being of the organism. This method of procedure is adopted, then, with that idea and not with the object of 'curing' the morbid condition of the gland."

This reminds us of the practice of certain preachers who,

having established "a waste-paper infidel," by putting predestined objections in the mouth of an imaginary disputant, proceed to "knock the stuffing out of him" by argument. This statement of Mr. Walter Edmunds, indeed, "*would* seem at first sight to support the homœopathic doctrine that 'like cures like,' " if the reader happens to be ignorant not only of homœopathy but also of the meaning of English. Isopathy we know, and homœopathy we know; the difference between them is clear to us.

On this subject it may be pointed out that iodine and spongia (which contains iodine) have been proved to cause goitre, and that both these drugs "cure" goitre; though it appears shameful, for some reason which we do not understand, to claim that anything cures the morbid condition of a gland. Modern science has discovered, after goitres had been cured homœopathically by iodine and spongia for a century, that the thyroid gland itself contains iodine. We are not, however, aware that any "of those who practise homœopathy" ever claimed the prescription of thyroid gland in goitre as a homœopathic proceeding. "The futility of the homœopathic creed" is not so hopeless but that we believe a great deal which we do not understand. We know, moreover, that if we allowed *The Lancet* to arrange our "creed" for us we should soon find it a curious thing to recite.

UROTROPIN IN HÆMATURIA.

In the *British Medical Journal* of June 15th, there is a short paper on "Hæmaturia following the administration of Urotropin," by Dr. Langdon Brown, assistant Physician to the Metropolitan Hospital; Casualty Physician to St. Bartholomew's Hospital; and formerly Physician to the Imperial Yeomanry Hospital, Pretoria. After referring to the use of urotropin in enteric fever, as recommended of late, Dr. Langdon Brown gives two cases at Pretoria where hæmaturia occurred after its administration in doses of ten grains three times a day. He adds "The occurrence of hæmaturia in two cases, admitted on successive days, after urotropin had been given for eight days, and its rapid subsidence after the drug was stopped, is too striking to be a mere coincidence." He further adds, "Hæmaturia resulting from nephritis in enteric fever is not unknown, *but in such cases urotropin appears to be beneficial.*" The italics are ours. This is, of course, an excellent example of homœopathy, but the fact of such an occurrence does not seem to strike Dr. Langdon Brown as "too striking to be a mere coincidence." At all events he makes no further remarks on such a remarkable fact. How

long will the old school persistently shut their eyes to the obvious meaning of what they admit as having occurred? One would suppose that any thinking and observant practitioner could not fail to be struck with the "coincidence" of urotropin unmistakably causing hæmaturia in enteric fever, and at the same time being beneficial in hæmaturia occurring from nephritis in the same fever, and ask himself if this could be a mere coincidence. And if it is too striking to be so, what is the obvious conclusion to draw? There is only one, and that is that it is a new example or illustration of the law of similars, which, as Dr. Langdon Brown ought to know, we maintain rules in all drug-action and diseases, and is the key to scientific therapeutics.

TORQUAY HOMŒOPATHIC DISPENSARY.

THE fifty-third report of this excellent dispensary, officered by Dr. Midgley Cash and Dr. Edgelow, gives the following statement of work done.

Patients remaining from 1899	...	...	148
Admitted during 1900	...	...	582
			<hr/> 730
Cured	...	...	280
Relieved	...	...	196
No Change	...	...	45
No Report	...	...	36
Deaths	...	...	3
On Books	..	...	170
			<hr/> 730
Number of Attendances during the year	...	...	4784
Average per Dispensary Day	...	...	46

HAHNEMANN CONVALESCENT HOME, BOURNEMOUTH.

MEMORIAL TO HER LATE MAJESTY, QUEEN VICTORIA.
(ENDOWMENT FUND.)

IT has been thought well that the Hahnemann Convalescent Home should, in the lines of its own charity, seek to perpetuate the memory of Her late Most Gracious and Beloved Majesty, Queen Victoria.

The most suitable expression of our reverence and regret for our departed Sovereign would appear to be the endowment

of one or more beds, which, dedicated to her name, should be for ever free to the most necessitous of the numerous patients, who are from time to time received within these walls.

The sum of £1,000 is required to be raised for the full endowment of one bed.

Our President, Earl Dysart, has generously offered to subscribe the sum of £200 to a Memorial Bed, if the balance (£800) can be "Subscribed or promised in writing in three months" from the 18th day of February, 1901.

We would urge you to assist by your donations this good work, in order to secure our President's generous offer, and at the same time provide for our Home :

I.—An appropriate Memorial to the Character and Life of our late Queen :

II.—An invaluable assistance to some of God's poor :

III.—An increase to the permanent revenue of the Institution.

Signed on behalf of the Committee,

HERBERT NANKIVELL, *Chairman*.

FREDERICK YOUNG, *Treasurer*.

B. W. NANKIVELL, *Secretary*.

February, 1901.

Subscriptions may be sent to the Treasurer or Secretary, at the Home, or they may be paid to the Account of the Home, at the National Provincial Bank, Bournemouth.

ANÆSTHESIA.

THE Berlin correspondent of the *Medical Press and Circular* of the 15th ult., states that at the Surgical Congress Hr. MIKULICZ, Breslau, introduced a discussion on

THE VARIOUS METHODS OF DEADENING PAIN.

The long continued collection of statistics carried on by Gurlt had reached a total of 330,000 with a mortality of 1 in 2,074, most of which was attributed to chloroform. Later on, however, the after danger of ether came under notice, so that the question which was the preferable anæsthetic—chloroform or ether—still remained undecided. From the statistics we have, however, gained somewhat; we have learned to know the contra-indications for both. We are now in face of the question whether general or local anæsthesia is to be preferred. Where the latter is indicated it undoubtedly offers great advantages. Passing in review the various methods of local anæsthesia, freezing is the first to be named, especially by ethyl. Then, in 1884, followed the method by injection of cocaine. In rhinology and laryngology this method created a

complete revolution. Surgery in general gained but little at first, as it was used only in operations on the urethra and bladder. Surgery first gained permanent benefit when Schleich introduced his method of infiltration anæsthesia. The circular anæsthesia of Hagenbruch had gained fewer followers. Finally, Bier's so-called cocainisation of the spinal cord appeared. It has been employed in 40 cases in the Breslau Klinik, and it is now known to be associated with great danger in regard to preparation and dosage.

It was, he said, a question how far local anæsthesia had proved itself of value in practice. The material at the speaker's own hand comprised 5,242 cases of narcosis under chloroform, 438 by ether, 1,739 by Schleich's method, 859 by Oberst's method, and 60 by that of Hagenbruch. In operations local anæsthesia had gone backwards. Operation could be divided into three groups—1. Small operations such as incision into small collections of pus, extirpation of small superficial tumours, etc., when there is no question of the necessity for general anæsthesia. 2. Cases when local anæsthesia was not suitable, such as laparotomy when great quickness was necessary, the removal of mammary carcinoma where too much cocaine would be required to be safe, and those cases on which it would be difficult to judge of the condition of the tissues as to disease or health were local anæsthesia made use of. 3. Cases suitable for ether, as, for instance, operations on the stomach or intestines and then have to be considered the dangers from disease and those from the anæsthetic. On the whole, the dread of general anæsthesia goes too far, especially with the public. It ought to be left to the surgeon to decide how he shall carry out the anæsthesia.

Hr. BIER, Greifswald, discussed his method of cocainising the spinal cord, which had now been carried out in 1,200 cases. The dose of the cocaine to be used could not be determined beforehand with certainty. The duration of the anæsthesia was from thirty minutes to two hours, so that the largest operations could be performed under it. But cocaine injected into the spinal canal was a powerful poison, and the speaker had seen great collapse and even death follow its employment. In this form it was not suitable in general practice, and in this respect he was opposed to the warm recommendation given to it by other surgeons. There were three ways of limiting the dangers of the method. First by replacing cocaine by some other material. Eucaine and other substances such as antipyrine offered no advantages, and carbolic acid was very dangerous. The speaker had caused complete anæsthesia in cuts by the injection of saline solution.

beneath the dura, but in the human subject this had not been successful. Secondly, success might be sought for by using weaker solutions of cocaine, but with great dilution no result was obtained. Lastly, one might try to shut off the poisonous substance from the brain by placing a firm bandage round the neck. There could be no doubt as to the effectiveness of the method; the gradual anæsthetisation beginning at the toes and gradually mounting to the trunk, and lasting for hours, was positively astounding. This was therefore a method not yet suitable for general practice as it was still in a developmental stage. It might not be harmless, but it was not to be rejected without some consideration.

PASSING OF THE "FAMILY DOCTOR."

IN his twentieth annual lecture before the Hahnemannian Society, New York, Dr. William Tod Helmuth spoke of the evolution of the modern physician and of the passing of the "family doctor." Human evolution, he said, splits the science and art of medicine into a hundred specialities, and has killed off an individual once known as the "family doctor." This individual was formerly called in to attend all the ailments from which a patient might suffer. He was always ready, and doctored the eyes, the nose, and the throat, as well as set bones and lanced felons. He probed wounds and sewed cuts. He ate and drank with the family, and the family loved him. No such being exists upon the earth to-day, except, perhaps, in some untelephoned and untelegraphed region, where, as yet, human evolution has not laid its hand.—*Public Opinion*, New York.

SOME ALLOPATHIC THERAPEUTICS.

THE *Edinburgh Medical Journal* for July, 1900, contains a remarkable article on the therapeutics of disorders of menstruation treated internally by remedies by McNaughton Jones. Dr. Jones has evidently been scanning homœopathic literature. He speaks of *senecio aureus*, *hydrastis*, *salix nigra* in neuralgic and ovarian pains. *Cimicifuga* in menorrhagia from uterine subinvolution, amenorrhœa, and dysmenorrhœa, accompanied with ovarian neuralgia. *Viburnum* in dysmenorrhœa and amenorrhœa, if due to accidental cause, such as a chill or shock. *Aletris farinosa*, *caulophyllum*, borax in delayed or suppressed menses receive mention at his hands. The article is all the more homœopathic in tone, for he energetically decries morphine in these painful affections of menstruation.—*Medical Century*, April.

ERRATA.

WE are sorry to confess to several errors in our last issue.

In Dr. Goldsbrough's article on *Tubes Dorsalis*, page 330, 4th line from the bottom, for "*Kali Sod. gr. ix*" read "*Kali Iod. gr. x.*" In Dr. Price's article on the Primary physiological effects of Opium, we have reprinted two errors. Page 370, line 5 from the bottom, for "it has been as easy," read "it has *not* been easy." On page 377, line 4, for "urine," read "*liver.*" On page 382, line 20, for "*Carrole Dinham,*" read "*Carroll Dunham.*"

OBITUARY.

MISS JEMIMA DURNING SMITH.

WE chronicle with great regret the death, under sad circumstances, of Miss Durning Smith, of King's Ride, Ascot. The daughter of Mr. John Benjamin Smith, at one time member of Parliament for Stockport, and the first chairman of the Anti-corn-law League, Miss Durning Smith was a very rich woman. She regarded her wealth, however, as a trust, and from that point of view she administered it consistently for the spiritual, mental and bodily benefit of her fellow-creatures. Her benefactions were large and continuous. She founded public libraries at Ascot and in Lambeth, and supported Unitarian charities with a liberal hand. The London Homœopathic Hospital loses in Miss Durning Smith a valued supporter, whose name will long be commemorated in connection with the Durning Ward. She was not content to give largely from her abundance, but watched the institutions with which she was connected with a living interest. Those who have been frequent in attendance at the annual meetings of the Hospital will remember how constantly she was present, in spite of poor health, and with what intelligent interest she criticised the reports and prospects of the foundation which she had at heart. There was no detail of the management too small for her notice; and her sisterly kindness to the patients when she visited the wards was appreciated by many who never knew how largely she had ministered to their material well-being.

Among those who attended Miss Durning Smith's funeral on Saturday, May 25th, at Kensal Green, were Mr. Trapman, the vice-treasurer; Mr. G. A. Cross, the secretary, and Mr. Chabre, one of the trustees, of the London Homœopathic Hospital, as well as a deputation from the Nursing Home.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Mr. C. J. WILKINSON.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays and Saturdays, 2.0; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Wednesdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Dental Cases, Wednesdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Wednesdays, 9 A.M.

Letters have been received from the following :—Miss BREW (London); Dr. CROUCHER (Eastbourne); Dr. ROBERSON DAY (London); Dr. GOLDSBROUGH (London); Dr. C. HAYWARD (Liverpool); Dr. HUGHES (Albury); Mr. DUDLEY WRIGHT (London).

BOOKS RECEIVED.

Characteristics of the Homœopathic Materia Medica. By M. E. Douglass, M.D. 1901. New York: Boericke & Runyon Co. *Mental Diseases and their Modern Treatment.* By Selden Haines Talcott, A.M., M.D. 1901. New York: Boericke & Runyon Co. *Wilfred, and other Poems.* By Charles W. Hayward. 1901. London: George Philip & Son; Liverpool: Philip, Son & Nephew. London.—*The Chemist and Druggist*, June. *The Homœopathic World*, June. *The Temperance Critic*, June. *The Vaccination Enquirer*, June. *Yorkshire Evening Post*, June 6th. *The Calcutta Journal of Medicine*, January. Calcutta.—*The Indian Medical Review*, October and November. Hobart.—*The Tasmanian Homœopathic Journal*, May. Chicago.—*The Clinique*, May. *The Medical Era*, May. New York.—*The Medical Times*, June. *The Medical Century*, June. *The North American Journal of Homœopathy*, May. *The Homœopathic Eye, Ear and Throat Journal*, June. Philadelphia.—*The Hahnemannian Monthly*, May. Lancaster Pa.—*The Homœopathic Envoy*, June. *The Minneapolis Homœopathic Magazine*, May. San Diego.—*The Pacific Coast Journal of Homœopathy*, May. Baltimore.—*The American Medical Monthly*, April and May. St. Louis.—*The Medical Brief*, June. Paris.—*Révue Homœopathique Française*, June. *Le Mois Médico-Chirurgical*, June. Leipzig.—*Hom. Zeitschrift*, June. The Hague.—*Homöopathische Maanblatt*, June.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEARBY, 178, Haverstock Hill, N.W.; or to Mr. WILKINSON, 3, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE PROFESSION AND THE PUBLIC.

THOUGH every profession has been from time to time the subject of jest or invective, their value in the eyes of their contemporaries would be very inaccurately gauged by a study of satire. There is, perhaps, an inevitable contrast between profession and performance which may in part explain this. It is certain that the ideal of Theology, of Law, or of Medicine, when opposed to their practice and actual result, furnish a tempting subject to the exponent of disproportion. The slow aggregation of knowledge in the face of such ever present immensities as eternity, abstract justice and death, suggest some excuse for impatience in those whose necessities are immediate, while their relief tarries in the womb of the future.

And that this impatience should exhibit itself towards those whose profession it is to alleviate the pains which come often to most, and to obviate death, which comes sooner or later to all, is natural enough. Verbal satire has expressed this feeling in all Western literatures; it has been reserved to the Chinese to work it out in practice by paying their physicians only while health is maintained. But looking at the subject more deeply, it is evident that the credit of the medical profession has grown in just proportion to the efforts made by its

members in the direction of scientific certainty of basis. The improvements which have resulted in diminishing mortality, and in making prolonged life more desirable, have met with speedy recognition and ready approval. Recognition and approval are welcome; the day when they blossom into appreciation of the difficulties involved and generous support in the struggle against those difficulties, will mark the summer which is to ripen a toilsome culture into a glorious harvest.

In recent weeks a statesman, eminent alike, not only for political insight and influence, but also for a widely educated and philosophical outlook upon life, has expressed the general indebtedness of man to medicine in complimentary terms. THE HON. A. J. BALFOUR presided at a festival dinner of the Medical Graduates' College and Polyclinic, in May, and his remarks showed a grasp of the factors involved in medical progress which encourages us to hope that better days are not very far off. In appealing for support for the College, MR. BALFOUR "was conscious that he was pleading a cause which had not behind it any great wave of popular feeling or emotion; a cause which did not readily or immediately appeal to the man in the street, and yet a cause in which the whole community was deeply and profoundly interested—a cause which touched every one of us human beings, and affected not only our own happiness, our own lives, and the happiness and lives of those nearest and dearest to us, but the future generations whom it is our duty to aid."

MR. BALFOUR stands revealed the student of men as well as of measures, in that while he is defining the objects, limits and difficulties of his task, he puts in the forefront among the difficulties the fact that the cause of medical research "has not behind it a great wave of popular feeling or emotion." The man in the street is justly impressed by the existence of hospitals; it strikes him as eminently right that when men in the street are injured, or fall suddenly sick, there should be places in the immediate neighbourhood where relief is ready for them; and it is, he thinks, rightly characteristic of a philanthropic age that the service of the most competent and experienced of physicians and surgeons should be available for the poor and homeless, irrespective of creed and nationality. To do him justice, the man

in the street is neither unimaginative nor ungenerous; the Hospital Saturday and Hospital Sunday funds witness how ready he is to put his hand in his pocket and to contribute nobly to the relief of suffering. But his imagination needs a tangible basis, a good "jumping off place." He has seen the street accident, the stretcher or the ambulance; he has seen the victim of the accident hobbling away on crutches from the hospital, no longer a total wreck as might have been feared, but a person who will at no long time hence be once again a useful working member of the community. He has heard of great kindness to hospital patients, of "wonderful operations" and great "cures." That is enough for him, and he is ready to help on the good work according to his means.

The visible means appeal to him by their necessity and by their success. The full river of charity, refreshing the maimed and incapacitated, is under his eye, and he is not backward in feeding it. But the tributary streams are far from him; he cannot see the minute and exacting toil of science, discovering, testing, preparing the methods by which the good work is done. Nay, more than that; when an accidental paragraph in his evening paper has revealed such things to him for a moment, they bear to him a suspicious likeness to "experiment"; and a picture is apt to form itself in his mind of hospital doctors experimenting upon the sick and dying with a callousness acquired by the slaughter of a hecatomb of guinea-pigs. There is no lack of detractors who, singly or by societies, favour such a distorted view of facts. Far from being a supporter of scientific research, "the man in the street" is easily diverted from being practically humane by the mere existence of such a thing.

To the man in the street, medicine is stuff in a bottle which will relieve pain or mitigate weakness. Of its relation to etiology and pathology, not to mention such abstractions as anatomy and physiology, he has no clear notion. The large part of the science of State medicine is a closed book to him, nor has he any idea of the methods and stages by which prevention has reached its present position. It is here that we touch one of the problems of life in the relations of the profession and the public. From the professionally financial point

of view, the extremity of his neighbour is the medical man's opportunity; the prevalence of disease is the occasion of his harvest. And yet we find the profession following with the keenest interest and approval, strengthening not only by their labours, but also by the expenditure of their money, every conceivable effort for the prevention of disease and the shortening of its sway when it occurs. Competition and overcrowding in the profession have, with this apparently suicidal (but ethically admirable) policy, brought things to such a pass that before long the self-denying profession must soon cease to attract those who look to their life-work to provide them with the means of living. The force of altruism can no farther go than that those who strive to make others live should by their efforts consciously deprive themselves of livelihood. Is it a cause for wonder that the public should only pause from the general struggle for wealth, power and position to view this state of things with tolerant amusement? There is little need, they may say, to help these men who are giving time, labour, and even life itself to the extinction of the demand for their every-day services, except in so far as the results of their work are incidentally serviceable to the general good. They may exclaim of the doctor, as Wordsworth exclaimed of the poet :

"But how can he expect that others should
Build for him, sow for him, and, at his call,
Love him, who for himself will take no heed at all?"

This, it may be allowed, is somewhat an over-statement of the position. The conquest over disease and death is not yet so complete that the extinction of medicine by a series of Pyrrhic victories is yet in sight. This, it may be, is not a war which will be fought to a finish—unless it be the finish of Time itself. But there remains enough of truth in it to emphasize that the time has come when the researches necessary for the advancement of medical knowledge should be recognised as constituting a fair claim upon public expenditure. Signs are not wanting that charitable benevolence has almost reached the bottom of a very long and generous purse: it is evident that the giving power of the nation is being strained. Private charity has not diminished, rather it has extended, its exertions; but, in spite of this, there are a hundred treasurers of philanthropic institutions who

can support us in the statement that, though voluntary subscriptions already known can be diverted from one object to another by excellence of claim or by loudness and persistence of appeal, the discovery of new auriferous "pockets" almost baffles the ingenuity of man. Some such thought as this, no doubt, was passing through the mind of Mr. BALFOUR when, after enquiring whether as a nation we "lack the imagination required to show what these apparently remote and abstract studies do for the good of mankind"; he passed on to say, "Let us not be backward in this great international competition, which surely may be said, in some senses, to balance that yet more costly and destructive competition in armaments, and, it may be, in commerce." If benevolence fails in this respect, the day is not far distant when it will be clear to the most influential minds of the day that medical research must be handsomely subsidized from the public purse.

The time when a movement of this nature could be suppressed, or even be allowed to languish, is long past. The work having been begun, it has found acceptance at the hands of those who are best qualified to appreciate it. The pronouncement of Mr. BALFOUR from which we have quoted will do something to force a sense of their duty upon the general public. The safety of the citizen (to take a more restricted, if not more just, view than that of Mr. Balfour) is very clearly the duty of the State, and the State will be found ready to undertake it in an advanced spirit so soon as it is evident that private benevolence declines to shoulder the task.

With regard to the very general and reasonable opinion that the time has come when a definite and decided movement should be made toward a scientific demonstration and development of the Law of Similars, there is small hope that any help from public funds is forthcoming. The recent paper read before the BRITISH HOMŒOPATHIC SOCIETY by DR. GOLDSBROUGH shows once more that no true scientific discovery can upset any other scientific generalisation which is also based upon truth. The old therapeutic material is, so far as it goes, excellent, a monument to the genius and perseverance of past generations of truth-seekers. Its terms are not fully satisfactory to the trained physician of to-day, who has learned to think in terms

of greater precision concerning the symptoms and nature of disease than those which were natural to his father and grandfather. The doctrine of "Potential Charity" as expressed by DR. NEATBY in our last issue is practically the doctrine of MR. BALFOUR at the Policlinic dinner. The fact that our primary duty is the development of therapeutics, should not blind us to those tributaries which are essential to a full comprehension of the main stream of therapeutic truth. The revision and extension of our present therapeutic material, a patient tracing back of drug-caused phenomena to their physiological or *quasi*-pathological significance is a duty which is more generally recognised every year. It is a task which is not beyond the homœopathic physicians of the present day. The cost of such an undertaking is likely to be considerable; the duty of furthering it has never yet been fully put before the vast body of laymen who have learnt the truth of HAHNEMANN'S Law by the satisfactory test of results. When the layman has been convinced of the necessity for his assistance, we have no reason to doubt that his help will be forthcoming. His conviction on this point rests largely with the efforts of his medical attendant. In the meantime the beginning of the task must lie with the Profession. We are anxious that the discussion of this subject should be free and wide; a contribution to it from DR. WHEELER will be found in the present number. That the work has to be done, that it has been already too long postponed, may be taken as a fact. On the manner in which it should be done, and in which its cost should be provided, there is room for a difference of opinion. These differences once collected and compared, we shall find an early opportunity for returning to this subject.

ON GOUTY CATARRH AND ITS TREATMENT

(Concluded from page 144.)

By J. GALLEY BLACKLEY, M.B.

IN the earlier part of this article¹ I have attempted the task of reducing to something like order the various forms of catarrh of the respiratory mucous membrane,

¹ *Vide* page 134.

as met with in the gouty subject. I now propose to try and do the same by gouty affections of the alimentary tract, although the task is one of considerably greater difficulty owing to the diversity of function fulfilled by the different parts of the tract and its offshoots. As regards the literature of the subject, our wealth of material is, to begin with, by no means great, and such records of the various ailments as we possess are usually to be found relegated to systematic accounts of the part affected, whereas what we really need is the collection of these accounts into a continuous narrative, which should enable us to grasp the effects upon diverse organs of the most far-reaching of constitutional disorders. Too much space is usually given up by medical writers to attempts to unravel the nature or "essential lesion" of gout, and comparatively little to our clinical knowledge of its subtler forms.

Following the plan adopted in the case of the respiratory mucous membrane, of regarding it as a continuous whole, we are at once assailed by the fact that the alimentary tract, although lined by a continuous mucous membrane, fulfils such a diversity of functions in its course downwards that it would be impracticable to treat it precisely in the same manner. We have the buccal cavity with tongue, teeth, gums, and salivary glands to think of; the pharynx and œsophagus concerned mainly in deglutition; the stomach with its auxiliaries, liver and pancreas; the small intestine whose office is to transfer the products of these to the circulating medium; lastly, the large intestine which, after final abstraction of nutrient material from its contents, has to get rid of the residue, if possible, *cito, tute et jucunde*. Apart from the symptoms immediately preceding or actually accompanying an attack of acute gout, there is, as in the case of the respiratory sphere, a quiescent condition of unstable equilibrium in which the gouty diathesis, or poison, if you will, makes its presence known by periodic disturbances affecting one or several parts of the elementary mucous membrane. It has been urged by many authors that these are merely internal disorders occurring in gouty persons, and differing in their nature and treatment in no respect from those usually observed; in other words, that they possess no specific gouty character; but there can be little doubt that the gouty diathesis, if generated in a constitution

too weak to develop the local affection in the extremities, is productive of various disorders affecting internal organs, most frequently those of digestion and excretion. When, moreover, in connection with the generation of the gouty diathesis, the constitutional powers have been greatly impaired and the functions of excretion weakened, numerous internal disorders result, whether the patient may have experienced a fully-formed fit of gout or not. It is a common experience, at least under homœopathic treatment, that patients who in middle life have suffered from acute attacks of articular gout, at a later period are sufferers only from affections of the respiratory, alimentary, or excretory organs, the temperament of such patients being usually that known as the sanguineo-nervous or irritable. When called upon to examine such a patient, beginning with the buccal cavity, we find the lining membrane pale, smooth, and somewhat pearly in appearance; it presents distinctly less unevenness of surface than is met with in a young, healthy subject. The gums are apt to be spongy, and are commonly retrocedent, leading first to exposure of the neck of the tooth, and finally to loss of the same without caries, an affection perfectly well known to the dentist under the name of "Rigg's Disease." For this reason our patients are not infrequently, more or less, edentulous, and dependent upon artificial teeth. The tongue is large, smooth, pale, not indented at the edges, and usually covered with a thin, whitish coat; not seldom, too, it is very sensitive to the contact of salt, acids, or spices from the presence of cracks down the centre. The patient constantly complains of dryness of the mouth, and there is occasionally an abundant growth of *Leptothrix buccalis* to be found on examination near the hinder molars. (This ought to direct one's scrutiny to the urine, for it is by no means uncommon to find this condition of mouth associated with temporary glycosuria.)

Little need be said as to the condition of the soft palate, uvula, and pharynx beyond what has already been stated (see page 137), except that they, too, are usually pervaded with the same feeling of dryness, a condition of things which naturally enough leads, even after very complete mastication, to real or fancied inability to swallow.

A condition of subacute œsophagitis, with severe pain

referred to the cardiac end of the stomach, is by no means rare during the progress of gouty indigestion. The pain is aggravated by swallowing, and is produced equally by liquids or solids.

In the stomach itself we have gastralgia alternating with other symptoms. The appetite is fastidious or impaired, but not seldom unnaturally keen, a symptom probably caused by the condition of vascular erethism of mucous membranes, which is a special feature of the disease, and a symptom, moreover, which requires to be studiously *disregarded* by the watchful physician. Distension and pain at the epigastrium, acid or acrid eructations, nausea or vomiting, painful oppression, flatulence, palpitation with mental depression, anxiety, or hypochondriasis. Tenderness and fulness in the region of the liver are common symptoms, with constipated, clay-coloured, or olive-green stools indicating lack of healthy bile.

Although constipation is the rule, attacks of bilious or abilious diarrhœa are frequent in individual cases. These may be preceded by severe pain in the region of the gall-bladder, sometimes amounting to true hepatic-colic, with its usual concomitants of icterus, bile in urine, and general pruritus. In patients habitually constipated, hæmorrhoids and pruritus ani are almost invariably present, and the contractile power of the large intestine has usually been largely interfered with by steady use of aperient medicines or enemata. The patient's anxiety on the score of the bowels is usually almost ludicrous, a period of 48 hours passed without a stool being a sure prelude in the patient's mind to an attack of stercoraceous vomiting, and this in spite of all the cheering assurances of the physician to the contrary! One patient occasionally has attacks of colic, especially after exposure or after eating indigestible articles of food, colic which very closely resembles the true "lead-colic." It will be noted that all these symptoms may be truly styled functional or nervous, very rarely inflammatory, whereas in retrocedent acute gout it is far otherwise. Here we have attacks of acute pain in the stomach or intestines, spasm of the same, sickness, and actual inflammation of stomach, intestines, or peritoneum.

I have referred to the occurrence at times of a saccharine condition of the urine in gouty subjects. This

occurs with considerable frequency, and should be looked for in all patients who are the subjects of gouty dyspepsia. The reason for its being so frequently overlooked probably lies in the fact that the amount of inconvenience to the patient is so slight; the urine is seldom much increased in quantity, and but little in specific gravity, and the percentage of sugar is, as a rule, small. Without venturing upon speculations as to the causation of gouty glycosuria, I would merely mention as a somewhat significant coincidence that such cases as I have seen have invariably been in dyspeptic subjects, and usually such as were liable to definite liver attacks in addition to other gouty troubles. This form of glycosuria is usually, though not invariably, intermittent, a few weeks or months at most being the average duration of individual attacks of gouty glycosuria. I have known one patient who died at the age of 81, and who, to my knowledge, suffered with constant glycosuria for the last twenty years of his life, and finally succumbed to bronchitis. It is important to be on the *qui vive* for the probable occurrence of such a symptom, and quite as important to let the patient or his friends know of it and of its *probable* cessation within a few weeks, for failing this it is by no means uncommon for the patient to consult another medical man, who at once pronounces him to be suffering from diabetes, and suggests either a visit to a well-known specialist or a six weeks' sojourn at Carlsbad, either course being, as I think, totally unnecessary. It is, in my opinion, precisely this class of cases of temporary glycosuria that have earned for Carlsbad a reputation for the cure of genuine diabetes, a reputation which I should be only too glad to see justified in practice. So far, however, all the cases of undoubted diabetes which I have seen after a sojourn at Carlsbad have returned uncured. To commence with, I find that the symptom may be disregarded altogether, and have never seen any ill effect from this course, spontaneous cessation of the saccharine condition of the urine always occurring within three or four months, except in the single case I have mentioned above. Even in this last the only troublesome condition associated with the glycosuria was cataract in one eye, and it is hard to say that this would not have occurred in any case.

The following account from the life of a patient who,

after a few and trifling attacks of typical gout, suffered for many years from what I have ventured to call the "quiescent condition" of gouty catarrh may, perhaps, serve to bring into prominence those belonging specially to the alimentary sphere:—

CASE II.—Mr. A. C., æt. 72, a retired architect, first consulted me in 1887. He was then a man of large *physique*, and weighed upwards of 15 stone. He had a fair skin and blue eyes, his temperament being of the sanguineo-nervous type, and he possessed great mental and physical energy, and had tested these at times to the uttermost. He informed me that he had lived freely, and, until the state of his health forbade, had always preferred beer as a beverage. He had been treated homœopathically at intervals for nearly 40 years, and whilst under treatment had always lived by rule.

After suffering for a length of time from slight attacks of articular gout and from subacute dyspepsia, for which he was treated by the late Dr. Yeldham, the patient was seized without warning in the year 1883 with renal colic, and passed a small uric acid calculus. About the same time he began to suffer with intense irritability about the fauces, with much cough and occasional free hæmorrhage. This led him to give up smoking, and he never recommenced.

In the year 1883 he underwent a course of treatment at Carlsbad at the hands of Dr. London, and was much benefited thereby. Since this time (usually after worry or severe mental strain) several mild attacks of acute articular gout in one hand and one foot have supervened. His condition during the last thirteen years of his life has been as follows:—

Skin fair and sanguine as a rule, but occasionally for weeks together decidedly anæmic. Tongue large, pale, and smooth, but not indented at the edges; buccal cavity pale; fauces, soft palate, uvula and pharynx very much relaxed and congested, with numerous dilated veins on the surface; always suffers much with nausea and gagging in the morning, the tongue feeling dry and swollen; expectorates a good deal of viscid mucus before breakfast. Appetite variable, but poor as a rule, especially for substantial food; complains constantly of difficulty in swallowing, especially of food which requires efficient mastication (of late years this increased to such

an extent as to lead the patient to adopt a modified vegetarian diet). The bowels were moved regularly morning and evening, the fæces being usually soft in consistence, and somewhat pale. After any special worry he was invariably troubled with bilious diarrhœa. Distention at the epigastrium, with or without flatulence, was very constantly present. On palpation both liver, spleen, and stomach appeared normal until quite recently. The urine was uniformly pale and abundant, and without sediment. In 1896, after several slight attacks of renal colic, he had another and very severe attack, during which he passed a small uric acid calculus, weighing 11 grains. Attention being thus specially directed to the urine, it was found, after the effects of the renal colic had subsided, to be uniformly slightly albuminous, the quantity as measured by the Esbach tube averaging 0·5 per mille. Sphygmographic tracings of the pulse taken during nearly a dozen years all indicated extreme high tension. Three or four attacks of epistaxis occurred at long intervals, and in the late autumn of 1898, whilst on a pleasure voyage in the Mediterranean, he was seized with severe hæmatemesis, bringing up for several days large quantities of coffee-ground-like material. On his return was much emaciated, having lost three stones in weight. He still complained of uneasiness about the epigastrium, accompanied by great distension, gnawing sensation, and anorexia; but careful examination failed to reveal anything more than general sensitiveness in the region of the liver and pyloric end of the stomach. Nothing in the shape of tumour or induration could be made out. At no time had he any approach to jaundice. After a period of quiescence, he had another attack of the same gastric and hepatic pain at Christmastide, 1900, whilst staying at Hastings. On his return these slowly subsided, and repeated examinations failed to reveal any tangible cause for them.

On May 13th last he was suddenly seized in the night with intense pain in the epigastrium of an acute colicky character, accompanied by much dry retching and slight vomiting of coffee-ground-like material. The pain gradually increased, and finally could only be controlled by the free use of morphia. He died collapsed about 36 hours later. An exhaustive *post-mortem* examination, conducted by Dr. Watkins, pathologist to the London

Homœopathic Hospital, revealed the fact that the cause of death was peritonitis, due to the giving way of an old adhesion between the duodenum, common bile-duct, and under-surface of the lobus quadratus of the liver. At the site of this adhesion, and probably caused by the passage of a large gall-stone, there was a round, somewhat punched out ulcer, just admitting the tip of the little finger in the duodenum about three inches beyond the pylorus, but the latter, as well as the stomach, were intact; the gall-bladder was slightly thickened, but otherwise normal, and contained no gall-stones; the spleen was below the average size. The kidneys presented the typical appearance of granular contracted kidney, and there was much atheromatous deposit in the great vessels and in the left coronary artery.

Treatment.—Within the limits of a short article it would be quite impossible to attempt anything like an exhaustive account of the various medicines which have been used in the treatment of gouty dyspepsias, for their name is legion. I think I can, however, direct attention to the principal ones, and give some of the reasons for their selection. In the treatment of dyspepsias as in that of all chronic ailments, the advice I would give to beginners at least is, having chosen the right medicine, persevere with it, and this in the face of the patient's constant suggestions that something fresh should be tried as this or that symptom crops up!

Beginning, then, with the affections in the order of their seat, we come first to stomatitis. The medicines most useful in this condition are *mercurius* and *borax*.

Mercurius is indicated when the gums are spongy and soft, and inclined to bleed, with pultaceous deposit upon them, swelling of the tongue, and abundant viscid salivation.

Borax corresponds to redness, heat, and pain in the mucous membrane, especially in that of the palate, with aphthæ on the tongue and inside the cheeks.

Much relief is given to the patient by painting the buccal cavity with a saturated solution of boric acid or chlorate of potash in glycerine, or when the patient is able to gargle efficiently a wash consisting of a table-spoonful of saturated, watery solution of chlorate may be mixed in half a tumbler of water, and used three or four times a day.

When the quantity of saliva is so great as to amount to sialorrhœa, interfering with articulation, mastication, or sleep, *pulsatilla* may be tried.

Coming now to the œsophagus and the pain I mentioned at the lower end, with inability to swallow after mastication, we shall usually find relief from *arsenic*, but, should this fail, *cocculus* or *cantharis* may be tried.

For gastralgia, the chief remedies are *nux vomica*, *chamomilla*, *arsenicum* and *veratrum*.

Nux is indicated by cramp in the stomach, especially when fasting in the morning; vomiting of food or bile; acid regurgitations; constipation would determine its choice, as would also a sanguine constitution and strong frame. When the attacks are violent, the medicine may be given in doses repeated every fifteen minutes.

Chamomilla corresponds to a more severe form with excessive pain, anguish, agitation and despair, and general sweat caused by the intensity of the pain.

Veratrum should be thought of where the attacks are very violent with cold sweat.

Arsenicum is rather adapted for more general and prolonged use; it is strongly called for where there are burning pain with great anguish, tendency to faintings, pale face and great thirst; the presence of diarrhœa and the recurrence of the pains in the night would serve to confirm one's choice.

Where pains are intractable, extending to the abdomen and eased by pressure, *plumbum* may be thought of, especially if accompanied by emaciation and a yellowish tint of skin, vomiting of tough mucus, and obstinate constipation.

For diarrhœa, as commonly met with in our gouty patient, three medicines usually suffice: *arsenic*, *china*, and *sulphur*.

Arsenicum when we have loose stools, principally night and morning with thirst, wasting, agitation and nocturnal anxiety.

China is chiefly called for when stools are provoked by a meal.

Sulphur when the stools are loose, bilious and frothy, with rumbling and griping.

Constipation, with or without hæmorrhoids, may be said to be the rule in gouty patients, and demands the use of *nux vom.*, *sulphur*, *plumbum*, *lycopodium* or *opium*.

Nux vomica where piles are present in a dyspeptic subject, especially if there is alternately diarrhoea and constipation with fruitless calls to stool.

Sulphur may be given alternately or to follow it up, or alone where the stools are small and constipated and accompanied by rectal tenesmus, pruritus ani and painful, moist piles.

Plumbum corresponds to obstinate constipation, with or without tenesmus, intense abdominal colic, nausea and vomiting.

Lycopodium is of the greatest efficacy in constipation with hæmorrhoids, often without desire for the usual morning stool, stools impeded by pain at anus; after considerable effort fragmentary, mixed, or followed by liquid matter.

Opium corresponds to constipation without desire for stool; enormous stools.

The *abdominal colic*, as I before remarked, closely resembles that seen in cases of lead poisoning, and, like it, usually yields to opium. *Plumbum* naturally occurs as being a suitable remedy. *Belladonna* and *chamomilla* may also be thought of. As a palliative, a useful external application is the chloroformum belladonnæ, a few drops applied over the principal seat of pain on impermeable piline wrung out of hot water; or chloroform may be given internally in the shape of a dessertspoonful of the old aq. chlorof. every ten minutes.

For the hepatic colic, whether due to gall-stones or the passage of merely inspissated bile, I have found no substantial help during the paroxysm except from inhalation of chloroform, a sufficient quantity to produce relief of pain without actual narcosis, being respired at short intervals. For the prevention of recurrences the medicine of all others I have learnt to trust of late years has been berberis, given in drop doses of the ϕ tincture three or four times a day, with a tumbler of hot water night and morning, and steady use of olive oil in dessertspoonful doses taken after each meal.

When, as usually happens, jaundice is present after such an attack, no special treatment is necessary, but if the symptom occur idiopathically the treatment would differ in no respect from the ordinary treatment of jaundice, such medicines as *nux*, *lachesis* or *vipera*, *bryonia*, *arsen.* or *phosph.* being probably indicated. For

the hæmorrhoids, where surgical interference is unnecessary, in addition to our classical treatment of piles by such medicines as nux, sulphur, and hydrastis, I have found wonderful relief at times by small injections of cold water, as little as four ounces sufficing to brace up the membrane and give a comfortable evacuation. For the *pruritus ani et vulvæ* so common in our gouty patient, let me recommend a dusting powder consisting of equal parts of boric acid, starch and oxide of zinc.

With the treatment of catarrhal and some other gouty affections by means of mineral waters, I propose to deal in a future article.

AN INTERESTING CASE OF MUMPS.

By T. E. PURDOM, M.D.

THE following case is worth recording from its comparative rarity. Orchitis is common enough as a complication of mumps, but meningitis is rare and still more rare with orchitis.

J. P., æt. 15, slender build, very studious, has been working hard for an examination lately.

January 22nd, 1901.—Developed a sharp attack of mumps with much swelling. His mother kept him in bed for six days, and gave him merc. corr. Though the swelling was not quite gone he then went into another warm room for a short time.

January 27th.—On the seventh day of his illness he again felt very ill and became very feverish. He complained of pain in his bowels. He was at once given acon. and bell.

January 28th.—I first saw the boy to-day. He was lying low down in bed on his back, looking very ill. Conjunctivæ injected. His pulse was 120, temp. 105·5°, tongue dry and brown. He complains of headache. He also has some pain about McBurney's point on right side of abdomen. He is very sick and has kept nothing down for about a day. The abdomen is somewhat tender at above spot. I now found his right testicle acutely inflamed, swollen and tender. The abdominal pain was evidently reflected up the cord from the testicle.

He was given aconite 1x \mathbb{M} j, and pulsatilla $\phi \frac{1}{2}$. Hot fomentations, with lead and opium liniment added, were applied, so as to envelope the scrotum.

29th.—Pulse 112, hard and full, temp. 103.5°, tongue slightly moist, but very thickly coated. Testicle about the same. Abdominal pain better. Conjunctivæ more injected. He lies in a stupor with occasional delirium, talks nonsense excitedly, as if he saw strange objects. Bell. $\phi \frac{1}{2}$, vir. vir. $\phi \frac{1}{2}$.

30th.—Pulse 96, temp. 100.4°. Tongue dry again. Bell. $\phi \frac{1}{2}$, bry. alb. $\phi \frac{1}{2}$.

31st.—Pulse 80, temp. normal.

February 2nd.—Pulse 96, temp. 98°. Tongue very dry. Lies in a stupor, can't put tongue out. Pupils slightly dilated. React slowly and imperfectly to light. Conjunctivæ still injected but paler. Obstinate constipation. Testicle much better. Abdomen is concave and skin over it stretched tight. This is probably due to the cerebral condition. He sleeps more naturally, but has fits of excitement. There is evidently some cerebral pressure. Bry. ϕ ij, sulph. ϕ j.

6th.—Next note was made on this date. Pulse 60, temp. sub-normal. Tongue brown and dry. Bowels constipated. He can't answer questions, nor protrude tongue.

8th.—Pulse 60, temp. normal. Dry fur on tongue breaking up. Mental state slightly better. Talks nonsense, says he is a bird, etc. Bowels acted freely after a dose of merc. dulcis 1x. Pupils act normally. Conjunctivæ still pink and suffused. Repeats whatever is said to him. Very incoherent. Both bowels and bladder have acted involuntarily more than once. Scrotal œdema gone. Testicle much smaller. Bry. alb. 1x \mathbb{M} 5, sulphur 3x \mathbb{M} 5.

At the beginning of the secondary illness, the patient was very difficult to feed. He had as extra treatment mustard poultices to nape of neck, and hot sponges applied to the head. For some time there was great mental apathy. There must have been some cerebral effusion which was gradually passing off. He took zinci. phos. 3x trit. steadily for some weeks. The injection of the conjunctivæ gradually disappeared. He had a change to the sea, and was quite himself about the middle of March.

The previous brain work may have predisposed to the brain complication, but the case is very interesting as an instance of double metastasis. The medicines seemed well indicated and acted well. Several cases have been recorded of meningitis, following mumps, proving fatal.

TWO CASES OF EXTRA-UTERINE PREGNANCY. ABDOMINAL SECTION; RECOVERY.

By EDWIN A. NEATBY, M.D.

THE following cases, occurring as they did within a period of one week, proved at the time of great interest to the gentlemen who were good enough to introduce them to my notice, and not less so to myself. They illustrate two of the many varieties of ectopic gestation, and the first case at least is one of sufficient rarity to justify its being reported, apart from other reasons. I venture to hope that the recital of them will be to my readers, as their observation was to me, both interesting and instructive, and that it will not be considered that I have entered too minutely into diagnosis and treatment.

CASE. I.—PREGNANCY OF SIX WEEKS' DURATION, IN THE LEFT FALLOPIAN TUBE; RUPTURE INTO THE BROAD LIGAMENT; ENORMOUS HÆMATOCELE, NO TRACE OF EMBRYO FOUND, BUT CHORIONIC VILLI IN THE TUBE; OPERATION INVOLVING REMOVAL OF FALLOPIAN TUBE AND TUBAL MOLE AND INCISION AND DRAINAGE OF SAC; RECOVERY.

The young woman the subject of this condition was sent up in haste one Sunday from Exeter, by Dr. Tindall, R.N., and her state fully warranted the urgency pleaded by him. She was at once admitted under my care into one of the private wards of the Hampstead hospital. It is my duty to state that the recovery of both these patients is largely due to the skill with which they were anæsthetised by Dr. A. H. Cook, one of the physicians to the hospital, to the valuable assistance afforded me by Dr. Stonham, and to the assiduous care bestowed upon the cases by the sister and nurses.

I shall report the case as its features presented themselves, that the steps and stages in diagnosis and treatment may be evident. The facts as stated by the patient and by Dr. Tindall, are as follows :

Patient æt. 28, married four-and-a-half years; no pregnancy; always suffered from dysmenia; menstruation usually lasted four days and was scanty. She came to London on *June 16th*.

Eight weeks previously menstruation set in after an interval of six weeks (*i.e.*, after a delay of a fortnight), [a similar delay had occurred twice before, one year and two years previously].

Seven weeks ago was taken ill. After cycling a journey to which she was accustomed she was suddenly seized with "gripping pains like knives" in the private parts, lasting badly ("in agony") about an hour. She could not stand but "crouched on the floor." Then bleeding came on and she went to bed and had morphia. Next day she went down stairs, but the pain returned in the evening and next day. This lasted on and off for a week, and *six weeks* ago pain increased much—"more pain in groins and private parts, like pulling her inside out." A consultation was held and the consultant (according to patient) diagnosed "inflammation of bowels, front passage and womb." Hæmorrhage continued.

Four weeks ago; latterly pain chiefly in bowels and back, which felt as if breaking. She never lost consciousness; felt very ill, pain increasing.

One week ago; passes thick clots, gets out of bed, passes water very frequently (half to one hour); lower abdomen swells before she voids urine, and micturition removes some of the swelling.

Present condition (June 16th). Still pyknuria; pain is now comparatively easy after her journey; the abdomen feels swollen and she wants to pass water, she says "jelly" passes by the bowel; took oil yesterday.

Dr. Tindall reports that the swelling observable in the abdomen only became obvious externally one week ago, and that it has increased daily.

Patient is using morphine suppositories every four hours; bowels only act with medicine. Hæmorrhage almost ceased yesterday, Mouth sticky; tongue clean.

Physical examination.—Abdomen distended, especially below umbilicus on the left side. The distended bladder occupies the hypogastrium to within two inches of the navel. The rest of the abdomen below the umbilicus is occupied by a hard or tense mass. No fluctuation or thrill is obtainable. Both flanks are clear.

Per vaginam.—The posterior fornix is bulged downwards, nearly to vaginal orifice. Cervix is drawn very high up behind and above symphysis. Limits of uterus not clearly made out bi-manually. The contents of the mass seem clearly to be thick fluid. Rectal examination is not painful; it reveals nothing further.

June 17th.—Re-examination. In middle line uterus can be felt in front of the mass; the cervix even is felt between the examining fingers *above the level* of the symphysis. On auscultation only intestinal sounds are heard. Thrill and fluctuation felt to-day. Patient has had a fair night without sedatives. There is no vomiting, nor has there been any to speak of. Patient lies with knees drawn up. The temperature since admission has varied from 98° to 99·2°; pulse between 68 and 80.

Consideration of the physical signs enumerated above led to the conclusion that the diagnosis lay between the following conditions:—

(1.) Retroversion of the gravid uterus, with a growing anterior segment.

(2.) A soft and cystic myoma occupying the broad ligament and filling the pouch of Douglas.

(3.) A broad ligament cyst with hæmorrhage into the cyst.

(4.) An ectopic gestation, with rupture of the tube into the broad ligament.

No. 1 was rendered improbable by the alleged rate of growth, which also put *No. 2* out of court. Moreover, physical examination had fairly definitely determined that the uterus lay on the front of the tumour but little enlarged. Again, leaving that fact out of count the cervix is rarely found so entirely above the symphysis pubis in retroversion.

No. 2. In addition to the history being opposed to myoma, the mass seemed on palpation too soft and thin walled for that condition.

No. 3 was an extremely likely diagnosis, but

No. 4 was better supported by the fact that hæmorrhage into these thin walled par-ovarian cysts is not very common, because the history, though not definite, was in favour of some condition associated with pregnancy and because the growth was abnormally rapid even for a cyst with hæmorrhage.

I must admit that though I leaned to ectopic gestation, I called to mind a large broad-ligament-cyst filled

with thick treacly fluid—changed blood—sent to me by the late Dr. Carfrae, in which the physical examination yielded somewhat similar results. In that case, however, the growth of the tumour had extended over months. Regarding the symptom of hæmorrhage, though it is a very common, if not constant, accompaniment of extra-uterine pregnancy, I remember a case where a very similar kind of bleeding had persisted for weeks in association with a pair of broad-ligament cysts, which had dragged the uterus up into the abdominal cavity. A certain reserve was therefore maintained as regards diagnosis, although the impression, emphasised by the state of the temperature and pulse and the extreme illness of the patient, made me lean towards meso-metric gestation.

June 18th.—*Cæliotomy.*—The stages of the operation were as follows:—

The incision was begun near the umbilicus and extended down for about two inches in order to avoid wounding the bladder. It was subsequently extended up and down, in the latter direction the fascia was divided lower than the peritoneum, for the bladder early became visible and had to be pushed out of the way.

A large dusky-red sac was displayed when the abdominal cavity was sufficiently opened. It extended as described in the notes already. The left anterior wall of the tumour was broad ligament with the round ligament running upwards and outwards across it from the left uterine cornu. The summit of the mass in the middle line was formed by what proved to be a much dilated tube occupied by a "mole"; this communicated by a tear at its lower border with the large sac.

The sac, above and to the inner side of the round ligament was twice punctured by an aspirating needle (syringe). The first time nothing was withdrawn; the second time the syringe became filled with clear fluid, simulating simple par-ovarian cyst. When, however, the mass was pierced by an ovarian trocar absolutely nothing escaped. The trocar was followed by the finger, which quickly discovered the true state of affairs—a sac full of black, soft, comparatively recent blood clot. This was broken up and removed by the fingers and by washing out, but it was not possible to remove the whole

without unduly prolonging the operation. The distended Fallopian tube was next removed and the edges of the sac were stitched to the parietal peritoneum. The upper part of the wound was closed separately and a small gauze drain was inserted. A Keith's glass drainage tube was inserted into the sac, down into Douglas's pouch, and the wound was dressed. Two hours after the end of the operation the pulse was 92. It should have been stated that bowel was found adherent to the sac at the upper part and on the right side. It was not safe to separate this and it was accordingly left.

The chief features marking the convalescence were severe attacks of colic, chiefly after aperients; a rise of temperature during the second week to nearly 100° on several evenings, together with some fœtor of the discharge from the sac, which was washed out once or twice a day; a rapid return of the uterus and bladder to their normal position in the pelvis. A small sinus still persisted when she left the hospital July 23rd. She could walk well and was gaining flesh.

CASE II.—PREGNANCY OF FOURTEEN WEEKS DURATION, IN THE RIGHT FALLOPIAN TUBE; HÆMORRHAGE INTO THE SAC AND DEATH OF EMBRYO; HÆMORRHAGE FROM ABDOMINAL OSTIUM; PAUCITY OF SYMPTOMS; HÆMATO-SALPINX AND CYSTIC OVARY ON LEFT SIDE; OPERATION INVOLVING REMOVAL OF SAC FORMED BY THE BLOOD MASS, AND OF BOTH TUBES AND LEFT OVARY; DRAINAGE; RECOVERY.

This patient was introduced to me by Dr. Weaver, J.P., my colleague at the Kentish Town Medical Mission, who kindly transferred her to me for operation, which, as in Case I., was performed at the Hampstead Hospital and six days after the last, Dr. Weaver being present as consulting physician. F. S., æt. 32, married ten-and-a-half years, one child, no miscarriage.

June 23rd, 1901.—History. Patient was quite regular until the first week in March, which was her last ordinary period. Amenorrhœa until six weeks ago, i.e., the first week in May. She had from that time constant coloured discharge until the present date, more or less. She had some pain during the period of amenorrhœa, was in bed three weeks of that time—"the pain used to catch" her in the hypogastrium and "up the two sides of the abdomen." There has been no bad pain during the past six weeks.

Patient remembers no illnesses except quinsy. The bowels have been regular for fourteen days, and were so before the amenorrhœa; during the interval they were constipated; micturition is normal; some dysuria during early part of illness; no vomiting lately. Menstruation is usually regular and painless.

Physical examination, per vaginam. — Cervix points strongly backwards to the tip of sacrum; body bulges the anterior fornix. A mass is felt bi-manually extending upwards to within one-and-a-half inches of umbilicus. In front of the mass, to the left of the middle line, lies a smaller elongated mass, having a direction from above downwards and inwards. This small mass appears to be contiguous to and perhaps adherent to the main mass and does not seem to be incorporated with it. Douglas's pouch is occupied by a semi-elastic body continuous with the main mass. The part described as the main mass seems to be the uterus much enlarged, and to the extreme left of Douglas's pouch is a small elastic portion which may be continuous with the small abdominal mass. This smaller mass appears to be an enlarged Fallopian tube. The large mass described as uterine may be either a soft myoma or a molar pregnancy. There is no evidence of a living embryo. The mucous membrane is hard and adherent, no uterine souffle is audible. The coloured (brownish) discharge is somewhat offensive.

The above notes were taken prior to the operation and the conclusion that the main mass was the uterus was not confirmed, when the relations of the parts were fully demonstrated.

Operation. — A.C.E., by Dr. Cook; assisted by Dr. Stonham, 24/6/01. Abdominal wall very vascular on incising it; peritoneum (parietal) stained with blood pigment. The small mass to left of middle line described as an enlarged tube, was found to be an elongated cyst, with curves and constrictions lying in front of body and fundus uteri, adherent to omentum, to uterus and to abdominal wall. In shape it resembled a dilated tube, in colour (on the surface) it was yellow ochre, and looked as if containing fæces. In reality it contained dark semi-fluid blood. The wall of it was formed only of fibrinous material. After the removal of a considerable portion of omentum adherent to the small mass, and to

the main mass, a large swelling behind and above the uterus was found in the pelvis; the uterus was pushed down and forwards by this swelling, which in colour resembled a bruise, with varying hues. The mass extended right across the pelvis, between the posterior surface of the uterus and the sacral hollow. It was intimately adherent to small intestine, and was found to be a large blood clot, was a distinct limiting membrane apparently of fibrin. It lay quite outside and apart from the Fallopian tubes, both of which were closed and dilated and contained dark semi-fluid blood. There was no obvious rupture of either tube, and it is probable that the source of this blood was a rupture of an early gestation sac into the lumen of the still patent tube, and that the blood escaped gradually into the pelvic cavity from the patent orifice. The large mass appeared to be wholly clot, no trace of embryo being discovered by naked eye examination on incision. Both tubes and the right ovary were removed. Much difficulty was experienced in separating the adhesions and hæmorrhage was fairly free. The left tube ruptured as also did the hæmatomatous mass during removal, and some of the adherent limiting membrane was left attached to bowel and posterior surface of uterus. The abdomen was thoroughly washed out with saline fluid and a gauze drain inserted. The wound was closed with two deep silkworm sutures through all the layers, with continuous fine silk in the peritoneum, and continuous catgut for the sheath of the rectus and silk for the skin. The catgut was prepared according to a new method which I described and demonstrated at the recent Annual meeting of the British Homœopathic Society.

The recovery of this patient was entirely free from anxiety or—after the first few hours—distress. The bowels were opened after forty-eight hours, the drainage gauze was removed on the second day, and the stitches on the tenth. Patient left the hospital three weeks after the operation.

Remarks.—The advantage of narrating cases of this kind lies in the fact that time is afforded for reflection and material for thought with the light of the after-event which should bring added wisdom.

To take Case I. first:—Even if we do not accept the most modern teaching that these cases which were formerly

classed under the heading of "pelvic hæmatocele," are practically all due to extra-uterine pregnancy—unless possessing some gross historical features or some obvious physical evidences of other conditions—there is here no doubt about the origin, for the remains of chorionic villi were found. Now, as these cases of rupture into the broad ligament ("extra-peritoneal rupture of the sac") are not only much less frequent (one to three), but also much less dangerous than intra-peritoneal ruptures, the question may be discussed first as to whether operation is requisite at all. It is well known and it is here readily allowed that many of them recover without any operative measure being resorted to. Blood is effused into a closed cavity, the pressure of the meso-metric tissue is sufficient in many cases to arrest the bleeding before it is serious, air is excluded and with rest all may go well. The fluid part of the blood becomes absorbed, the mass contracts and in course of time the bulk of the trouble clears up, and nothing but some insignificant physical signs, without corresponding symptoms are left, and they require no treatment.

It may be laid down as a general principle that the anatomical diagnosis of the extra-peritoneal situation of the blood poured out is not in itself a sufficient ground for a decision either for or against operation. The rate and quantity of the effusion and its effect on the patient both locally and generally, form a better guide in weighing up the desirability of adopting surgical measures. It is also undeniable that some at least of these cases end in suppuration, a pelvic abscess containing fœtid pus, presumably due to infection from the bowel which lies so closely in contact, being thus formed with its accompanying manifestations of sepsis. Applying the above common sense rule to the present case we find that both pulse and temperature negatived the presence of any septic infection; but the patient had been ill seven weeks, and she was not getting better; the pelvic mass which operation showed to be blood as was supposed, was greatly disturbing the relations of the viscera of the pelvis, causing pain and disturbance of function; moreover, the mass was steadily enlarging, which meant, if it were a hæmatoma, that hæmorrhage was still going on; and the patient's strength was gradually lessening. These were the reasons which presented themselves in favour of

operation, and on looking back they seem adequate, and the course adopted one justified by the result.

Another point which will bear discussion is the site of operation. The difficulty of draining *per abdomen* a sac extending to the floor of the pelvis is familiar enough to all who have tried it, and is readily understandable. The alternative is the vaginal route. It would have been easy to incise the posterior vaginal vault, make a free opening and drain, but in this case there were weighty objections against that plan, objections some of which must be present in all such cases.

Firstly, there was no certainty that the hæmorrhage had entirely ceased; even if we had waited a day or two, and arrest of the enlargement of the swelling had led to the conclusion that hæmorrhage was stayed, there would still have been some risk that the disturbance of parts, due to the evacuation of so large a quantity of blood, would cause the bleeding to recur.

Secondly, it was impossible to state the date of the rupture, and therefore the age and character of the embryonic or foetal structures which might occupy the broad ligament.

Thirdly, no information as to the state of the Fallopian tube was in our possession, and it was clearly undesirable to leave it to nature to be dealt with.

There are some points of interest in this case which deserve attention. It is usual that rupture into the meso-metrium should occur from the middle third of the tube, and this took place in my patient. On the other hand, I cannot say that it is usual for a tube to rupture at so early a date into the broad ligament. It is more common for this form of rupture to occur during or after the third month, by which time the placenta is fully formed and isolated. The tube forms a large sac, and the placenta frequently remains therein, while the fœtus is extruded into the broad ligament, and may continue to develop. In the present instance, the probable course of events was this: At an early date, perhaps the third or fourth week (and possibly due to the bicycle ride), hæmorrhage took place into the space between the amnion and the chorion in sufficient quantity to terminate the life of the embryo, which at this early age is rapidly and completely absorbed. But hæmorrhage may recur, and a well marked "mole," increasing in size,

with a laminated structure occur. In this case it attained the diameter of about 4 centimetres, and was ovoid in shape. So far in these cases the fault lies with the embryo, as shown by Mr. Bland Sutton, who demonstrated that the fresh blood from the subchorionic space contained nucleated red corpuscles. The stretching of the tube next leads to rupture and the rest of the bleeding—the chief and important part as far as the progress of the case is concerned—comes from the maternal tissues. As shown in this case, a slow and long-continued bleeding may go on into the broad ligament. It is, I think, unusual for so early an extra-peritoneal rupture to cause so large a tumour. In some cases the hæmorrhage surrounds the rectum, and the case cannot be distinguished, by physical signs, from pelvic cellulitis; but this condition did not exist here. Nor was the parietal peritoneum stripped up as is frequently the case. The appearance was more as if a broad ligament cyst had become filled with blood.

Case II. is, I believe, a more common kind of case, being an example of an early tubal abortion. The blood gradually escapes from the open fimbriated extremity, perhaps with the embryo. No further development in the tube takes place, but the irritation set up by the bleeding causes matting of the intestines, which become adherent to the uterus, to the tubes and to the clot. In course of time the abdominal ostium becomes closed and no further bleeding takes place into the pelvis, but a hæmato-salpinx is left. This is the fourth case I have operated on of this description. The leading features in all were alike. A large, ovoid mass filled the pelvis behind the uterus, which it pushed forward. This mass is formed of laminated clot, so firm on the outside as to appear to possess a distinct capsule, which at first I took to be Fallopian tube tissue. In no case has the microscope found this to be so. This solid clot is intimately adherent to uterus, Douglas's pouch, tubes, ovaries and intestines; and in this case it could not be completely removed from the posterior surface of the uterus, etc. The curious chain of clot, like a convoluted Fallopian tube, must have been due in some way to the moulding or churning influence of the bowels upon slowly effused blood. It produced a curious and deceptive condition, not correctly interpreted until the substance was incised when outside the body.

Tubal abortion is much more common than was at first supposed, and probably many such cases recover without surgical aid. Could this patient have been under careful medical observation and the most favourable environment from the first, it is possible she might have been spared operation—at least, if a correct diagnosis had been made. The diagnosis of dilated tube, together with a mass of uncertain nature in the pelvis, necessitated exploration and, finally, removal.

“THE ACTION OF MEDICINES.”¹

An open letter to Sir T. Lauder Brunton, Doctor of Medicine, Science and Laws, in the University of Edinburgh, Doctor of Laws in the University of Aberdeen, Fellow of the Royal Society of London, Physician to St. Bartholomew's Hospital, London.

By DR. G. SIEFFERT.

VERY ILLUSTRIOUS MASTER,

Being insufficiently acquainted with the English language, I have read your remarkable work *The Action of Medicines* in the French translation, published by MM. E. Bouqué and J. F. Heymans, Professors in the University of Ghent.

I have drawn from it valuable information, by which I have striven to profit; but I find in it also (pages 31 and 211 of the translation) some pronouncements on Homœopathy which do not appear to me to be just, even though you have tried to be impartial. I respectfully demand your permission to submit some reflections on this subject in my native language.

“*Homœopathy*—But it has been formulated by Hahne-mann”—you say, “and the rule is known in homœopathic parlance as *similia similibus curantur*. . . . You see, however, that practically this rule comes to the same thing as *contraria contrariis curantur*, and that he was simply, in administering the smaller doses, giving drugs which produced an opposite effect to those caused by the disease, because the drugs in different doses produced

¹ Translated from the *Revue Homœopathique Française*, July.

different and contrary actions." Then you give an example drawn from the effects of atropine, and you continue, "The great objection to homœopathy is that it gives you as a rule to be universally trusted a rule which is false, and which will not hold in every case."

In support of this last remark, you mention the multiplicity of oftentimes contradictory symptoms which Dudgeon has given in his *Cyclopædia* as the pathogenesis of aconite. Putting aside the fact that no man, however powerfully equipped his brain, could pretend to condense, by his own labour and in one book, the whole of a doctrine, and that I am not, for this reason, constrained to defend Dudgeon for errors which may have escaped his notice; I must, however, point out to you that these contradictions are often more apparent than real. We shall see this in the sequel, thanks to the arguments with which you furnish us. Let us bear in mind, too, that Trousseau and Pidoux, two masters of the allopathic school, have said in the introduction to their *Traité de Thérapeutique* (page lxx), "The homœopathic doctrine has created a *materia medica pura* whence spring all sorts of very valuable notions on the individual power of drugs, and on a number of details of their action of which we are far too ignorant in France. This ignorance so operates that we recognize only the general and coarser properties of therapeutic agents, and that, in the presence of highly varied shades of indication, we find ourselves lacking but too often in agents appropriate to these shades."²

I pass on then, for the time being, and quote afresh from your text. "The curious thing about it," you continue, "is that homœopathy was founded upon observed facts erroneously interpreted." Further on you quote Hahnemann's experiments with cinchona bark, and you appear to admit that the founder of our

² The want of the term "modalities" in allopathic therapeutics makes the expression of the idea somewhat involved, but the above appears to convey the meaning of the authors whom Dr. Siefert is quoting. The passage in French is as follows: "Cette ignorance fait que nous ne connaissons des agents thérapeutiques que leurs propriétés générales et plus grossières, et qu'en présence de nuances si variées d'indications, nous manquons trop souvent de modificateurs appropriés à ces nuances." Such a just and generous tribute to the homœopathic method of presenting drug action deserves to be quoted in its original form.—TRANSLATOR.

method was, at the end of his experiment, seized with an attack of fever, that is to say that he suffered from a touch of an old malaria which he had re-awakened.

The explanation is specious rather than well placed. For Hahnemann, whom you will admit not to have been an ordinary man among his contemporaries, must have repeated his experiments more than once before he drew a general conclusion. And, moreover, the action of quinine sulphate, now so universally known, dispenses me from further discussion on this point—or at least from the supposition that Hahnemann alone was intractable to the curative action of the drug.

Further on you speak of the provings of mercury, and you say, "He had not taken into consideration the fact that if you triturate mercury for a long time you alter it, and you produce instead of the mercury a mercurous and afterwards a mercuric oxide." What matter if the medicament was converted into a mercurous oxide or mercuric oxide? What matter whether this transformation be brought about by long trituration or under the influence of contact with the secretions of the economy? Does it the less, on that account, act homœopathically; that is to say, by virtue of the law of similars, according to which, "The most prompt and reliable means of curing consists in the employment of a drug capable of originating in a healthy man a totality of abnormal phenomena like to the totality of those which have established themselves in the patient under treatment"?

Furthermore, the number of drugs the homœopathic action of which has been proved and demonstrated is, if not unlimited, at least a great deal larger than you think. I will not give you a complete list of them; I will confine myself to certain examples adopted by allopathic authorities whom you would not wish to repudiate.

Cantharides, in nephritis; (Professor Lancereaux).

Cyanide of mercury, in diphtheria; (Professor Dujardin-Beaumetz).

Æsculus hippocastanum, in hæmorrhoids; (Académie de Médecine de Paris).

Sulphate of quinine, in Ménière's disease; (Professor Charcot).

Corrosive sublimate, in dysentery; (Professor Lépine).

Arsenic and the Cacodylates, in skin diseases ; (Professor A. Gautier).³

And, lastly, the various *serums* of Pasteur and his colleagues.

We, then, of the homœopathic school have here a compass whose direction we should do ill to ignore, a *positive* indication which we should be blameworthy to scorn. And it is, more and more plainly, an absolute error to teach that drugs have the same action upon the healthy and the sick.

But you will think, and justly, that one cannot (or up to now could not) verify the jurisdiction of this law over all remedies ; the number of those, however, which do act by virtue of similitude is so great that one can, without risk, infer a *general law*.

Is the same true for the law of contraries ? Doubtless, the contrary of diarrhœa is constipation, and astringents are indicated.⁴

But could anyone say what was the contrary of vomiting, of headache, of pleurisy, of fevers, of eruptions ? No science has formulated the matter to that extent. Where, then, is the foundation upon which

³ To leave no room for equivocation, let us state quite plainly that the drugs which we have just mentioned had already been for a long time employed by homœopaths conformably to the law of similars (Cantharides, because it causes nephritis, and cures it ; Cyanide of mercury, because it causes false membranes, and cures them ; Æsculus, because it causes the symptoms of hæmorrhoids, and cures them ; Sulphate of quinine, because it causes symptoms similar to those of Mènière's disease, which it cures ; Corrosive sublimate, because it causes dysentery, and cures it ; Arsenic, because it causes affections of the skin, which it cures), when masters of the official school discovered their curative virtues. But not one of these authors whom I have cited thought it his duty to acknowledge the priority of the homœopaths. The great principle established by Hahnemann has not even met with an equality of treatment with the phenomena of hypnotism, which, having (like the law of similars) existed for all time, have at least been taken into consideration, upon which Professor Charcot has condescended to certify their existence.

⁴ The celebrated American homœopath, E. Hale, in his work, *The New Remedies*, about thirty years ago, defined as follows the action of astringents, in his article on Gallic Acid :

" 1. All astringents primarily cause contraction of muscular fibre in some portion of the body, together with a diminution of secretion from the glandular and mucous tissues.

" 2. All astringents cause secondarily a diminution of tone and laxity of muscular fibre, with a similar condition in glandular and mucous tissues, and consequent increase of secretion even to colliquative discharges."

our allopathic brethren base their therapeutic measures in combatting these affections? Experience, you answer. Experience? It counts, truly, for something; but, unfortunately, this experience, applied on the top of tradition, has failed too often for us to grant it absolute importance: it has proved essentially variable from time to time, a fact of which I need no further demonstration than the various methods of treatment applied successively to two common enough diseases, pneumonia and typhoid fever.

In face of these gropings, the homœopaths, without resisting progress, though unchangeably true to their principle, have not ceased to conform to the Law of Similars. Statistics in hand, it will be hard to deny their success. Where then is truth?

Here you are waiting for me, I know. The truth you will answer, is this, "Small doses of drugs produce an opposite effect to that caused by large doses or diseases." Homœopaths, practising a disguised allopathy, are content to juggle with words! Let us explain ourselves.

In the first place, the homœopaths, having established that drugs have not the same action upon the sound and the sick, have never denied that difference of action according to strength or weakness of the dose given. And this will perhaps reconcile the seeming discrepancies which you have pointed out in the pathogenesies of Dudgeon's *Cyclopædia*. And, to go further, either I am greatly mistaken, or it is to the studies in pathogenesis of the homœopaths that we owe the discovery, definition and explanation of this different action of doses. In the same way, also, we may show the value of infinitesimal doses, to which subject we will return later.

For one thing, the note on astringents bears evidence to it: for another, twenty-five years ago, Dr. P. Jousset, in a paper read at the International Congress of Homœopathy (August, 1878), said (following Hale):

"To conform to the Law of Similars, it is necessary to employ the dose which has caused the primary effects of a drug when the morbid condition is analogous to these primary effects.

"When, on the other hand, the morbid condition is analogous to secondary effects, it is necessary to prescribe a dose which has produced these secondary effects.

"Infinitesimal doses are best suited to reproduce the primary effects, low dilutions or even appreciable doses, are necessary to produce rapidly the secondary effects."

Since then, Dr. Jousset (*Art Médical*, November, 1895), has still more accurately defined his view in the following three laws of pharmacodynamics :

"First law. *A medium dose of a drug, administered once to a healthy man causes two opposite effects in succession. These opposite effects may alternate several times while the action of the drug lasts.*

"Second law. *The stronger the dose of the drug, the less marked the primary effects. If the dose is excessive, the secondary effects alone are developed.*

"Third law. *With very small doses, the primary effects predominate, the secondary effects are often wanting.*"

More recently, Professor Lépine of Lyons has also studied in part this difference of action in drugs (*Semaine Médicale*, November 27th, 1889); but you will agree with me that the labours of the allopathic school are far behind the discoveries of the homœopaths, especially if you will allow me to point out how, about forty-five years ago Dr. Fabre, who afterwards became Professor to the Medical School of Marseilles, demonstrated in a paper presented to the Académie des Sciences that ether and chloroform, in spite of their similarity of action, become antagonistic, if only the experimenter takes the trouble to contrast the stage of excitement under one with the stage of anæsthesia under the other !

But, from the fact that a drug causes two opposite and alternating actions, you draw the conclusion that every drug is at the same time allopathic and homœopathic, and that the Law of Similars has no value.

"If, indeed," says Dr. Jousset (*in loc. cit.*) "aconite causes elevation of temperature in its primary action, and lowers the temperature by its secondary action, then one cannot affirm that aconite cures fever by its primary febrile action in accordance with the Law of Similars, since this medicine lowers the temperature by its secondary action; so that there is nothing to prove that it does not cure fever by this secondary action in accordance with the law of contraries. In the same way, if strychnine is convulsant in its primary action and paralyzant in its secondary action, who shall decide whether

strychnia cures convulsions by its primary or secondary action, whether it does so by following the Law of Similars, or the law of contraries ? ”⁵

“Let us note, however, that it is for physicians who use infinitesimal doses that the Law of Similars is the system of indication. The third pharmacodynamic law, just quoted, says, indeed, that when the drug is given in very small dose (and, consequently, in the infinitesimal dose) the primary effect is the only one to show itself. Now, what Hahnemann calls the primary effect is exactly what one compares with an analogous symptom presenting itself in a patient. For example, *nux vomica* contains in its pathogenesis neuralgia with shooting pains ; that is one of the primary effects of the drug ; and, in accordance with the Law of Similars, *nux vomica* in an infinitesimal dose is the drug for this form of neuralgia. There is not, then, any doubt about the employment of the Law of Similars when it is working by infinitesimal doses.”

“But the question is more complex, and clinical experience teaches that there are drugs which are homœopathic *in all doses*. Thus, the primary effects of *aconite* indicate this drug in fever, and the drug prevails against fever both in the sixth dilution and in doses of from twenty to thirty drops of the mother tincture. *Bryonia* and *ipêcacuanha* have primary actions which correspond to the symptoms of broncho-pneumonia and pneumonia. A large number of homœopathic physicians treat these diseases with the sixth and twelfth dilutions ; others prefer drop doses of the mother tincture. *Cantharides* has among its primary symptoms the signs of inflammation in the genito-urinary system. We prefer in the treatment of these affections to use the third and the sixth dilutions ; but we know that Professor Lancereaux treats parenchymatous nephritis with drop doses of the mother tincture.”

With the advantage of these considerations, I venture to hope, very illustrious Master, that you will be willing to admit the right to exist for the Law of Similars. And, if it is repugnant to you to allow that patients are cured

⁵ It is necessary here to point out, to prevent confusion, that, differing from the homœopaths, you call the action of large doses “primary effects” of a drug, and the action of small doses you call “secondary effects.” This being only a question of terms, let it suffice to mention it once for all for the prevention of misunderstanding.

by likes, I shall have the honour of proposing to you the following compromise, established on the fact that drugs possessing two opposed actions, may cure disease either by the action of *likes* or by the action of *unlikes*. I must, however, remind you that the latter of these actions not being capable of direct proof, we arrive at a deduction of it from that of *likes*, which is easy to observe. As the late Dr. Ozanam finely said, "We are labouring as the makers of Gobelin tapestry do, who work on the reverse of the masterpieces the front of which it is that men wonder at."

Here is the key to that problem which holds two rival schools in check. It will be the treaty of union at the reconciliation. We can sum it up in these words:

"*Similitude* alone can make us recognize the remedies suitable to cure, by deduction from contraries ;

But diseases are properly cured by the contrary action of drugs : *Contraria similibus indicantur*."

Can you wish for a more noble confirmation of the Law of Similars ?

There is a point beyond which one cannot pursue this discussion further. But—the matter is near my heart I admit—if I did not fear too great a trial of your patience, I would desire to gain an opinion somewhat more kindly than that to which you give vent on our doctrine (page 211 of the translation).

"Another plan of treatment, which may be regarded as in great measure one by suggestion, is homœopathy, which is exceedingly good, especially for suppositious diseases. Homœopathy is practically, in many instances, a method of faith-cure. . . . Some of their drugs, such as *carbo vegetabilis*, which is simply vegetable charcoal, so much attenuated by admixture with sugar of milk that there is practically no charcoal in it, can have no action except through the imagination."

You are hard upon us, illustrious Master ; but Nature is more kind to us than you are. Why should drugs thus divided act no longer ? Air and steam do not manifest themselves less powerful in proportion as they are broken up, and are these things any other than matter indefinitely divided ? The same holds good of electricity and light, other infinitesimal transformations of matter. Shall what is true for air, steam, electricity and light, be inadmissible for matter in a medicinal state ?

Looking at this from the theoretical point of view, I take the liberty of respectfully recommending to you the experiments of Professor Ostwald, a celebrated allopath, on this question, according to which the power of recrystallization has been demonstrated for crystals from the *ninth* dilution (*Zeitschrift für physikalische Chemie*, vol. xxxii. F. 3).

In practice examples are numerous. Every day we cure cases of adenitis with the thirtieth dilution of silica. My excellent colleague Dr. Cartier, an old *interne* of the Paris hospitals, only yesterday quoted to me with enthusiasm his success in the spasmodic cough of children with the hundredth dilution of aviaire (tuberculin of birds). If, as you think, these dilutions contain none of the drug, they should be entirely harmless. And what will it cost you, in that case, to try them, in order to test the accuracy of what I advance?

Here are two examples (one cannot multiply them too much) extracted from my *Formulaire de Thérapeutique Positive*: 1.—“*Lycopodium*, according to the observations of my friend Dr. A. Claude, is well adapted to the cure of certain intermittent fevers common enough in the Parisian climate, characterised less by extensive thermometric excursions than by indefinite discomforts (anxiety, somnolence, fatigue, etc.), and manifesting their presence chiefly in the late afternoon or early evening. The temperature remains stationary or is raised sometimes from half to two-thirds of a degree; the spleen may show a slight increase of volume. These symptoms occur also at the end of pyrexias and exanthematous fevers, and *lycopodium* then proves itself an excellent remedy for convalescence. If the improvement which Dr. Claude observes at the end of three or four days, under the use of the thirtieth dilution, is not well marked, he moves on successively to the use of the sixtieth and the hundred-and-twentieth dilutions, which he has had prepared especially for this purpose, and finally to the two-hundredth dilution. This preparation has brought about, among other cures, the cure of a pleurisy involving almost the whole of the back of the right lung.

On the subject of the headache of over-work, Dr. A. Claude has long insisted on the systematic use of *pulsatilla*. Having noticed that this symptom, characterised by an obtuse pain principally in the frontal region, and by

an almost complete cerebral incompetence as regards both mental grasp and memory, improved under the use of pulsatilla ; although it proved refractory to rest of both mind and body, to the prescription of iron and arsenical preparations (as indicated by the presence of hæmic murmurs), as well as to changes of hygiene, change of air and hydrotherapy ; my colleague was anxious to discover whether these facts were not explicable through the elective affinity of pulsatilla for the venous system. On the suggestion of my colleague, Dr. Parenteau, a distinguished ophthalmologist, made many ophthalmoscopic examinations in patients who were sent to him by Dr. Claude. These researches established the fact that the headache of over-work was uniformly coincident with an increased calibre of the veins and a diminution of the diameter of the arteries at the *fundus oculi*. The tenuity of the latter vessels was sometimes so extreme that the recognition of them was very difficult, the venous plexus alone being visible. From the interdependence between the two circulatory systems one can determine with almost mathematical accuracy the intensity of the lesion and of the derangements which brought it about. This method of examination consequently yields valuable information both as regards diagnosis and prognosis. Dr. Claude divided his patients into several classes ; (a,) those treated by remedies other than pulsatilla, such as hamamelis and arnica ; (b,) those treated by pulsatilla in strong doses ; and (c,) those treated by pulsatilla in its attenuations. Hamamelis and cactus only succeeded in one case each. The doses of strong pulsatilla (ten to thirty drops of the mother tincture in the twenty-four hours) always determined an aggravation of symptoms. The exhibition of the attenuations alone constantly brought about a favourable action. The third dilution (given three times a day) diminished the pains in three or four days, but then seemed to lose their effect. If, at the end of a week, recourse was had to strong doses, the symptoms took on again their original intensity. But the sixth and the twelfth dilutions quickly reinstated the improvement, and the ophthalmoscope demonstrated anatomically the diminution of the functional lesion which the cases showed. In another class Dr. Claude placed patients whom he treated from the first with minute doses (twenty-fourth and thirtieth dilutions).

The effect was *nil*; it was only by working from the lower dilutions to those successively higher and higher that the curative action showed itself, grew and became definite. Hence the prescription which my colleague formulated for this class of case and of which we think we may speak as systematic; five doses of *pulsatilla* 3 (two drops in a spoonful of water), given an hour before the principal meal and at bedtime. After a pause of two days, *pulsatilla* 6, given in the same manner. A fresh pause and then, successively, *pulsatilla* 12, 18, 24, and 30. We may say finally that but rarely was it necessary for the patient to go beyond the eighteenth dilution."

To this Dr. Claude adds "with *lycopodium*, as with *pulsatilla*, the too early use of very high dilutions is ineffective. These only display their virtues after the system seems to be saturated with the lower dilutions." Here, then, the action is at once or successively primary and secondary, but *always homœopathic*.

But, you will ask me, illustrious Master, what rule must be followed in choosing the attenuation?

There can be no absolute law, because (as Dr. Léon Simon well puts it, in his paper "Essay on a rule on Dosage," presented to the International Homœopathic Congress in London, in 1896), "to solve the problem of posology, three factors must be taken into consideration—the drug, the patient, and the disease." On the other hand, a large number of drugs are homœopathic in all doses; and experience, joined to medical insight, must be our guide here, supplementing the insufficiency of our data. Still more should the Law of Similars be our indispensable ally, showing us that, the drug being well-chosen, an ascent or descent on the posological scale is necessary according as its administration is followed by aggravation (which is usually medicinal), by a maintenance of the *status quo*, or by improvement. But, I repeat and insist, there is no absolute law in this matter, and I do not know that I can finish better than by quoting some of Dr. Léon Simon's conclusions in his paper—inasmuch as the undertaking of studying the pathogenesis of all our drugs in every attenuation would be a task more than sufficient for several generations.⁶

⁶ For a great number of drugs, however, the provings of the action of attenuations is already complete. Such is the case for corrosive

"One must proceed in the choice of the dose as in the choice of the remedy; that is to say, must take the totality of symptoms into consideration and conform to the Law of Similars."

"One ought, then, after choosing a homœopathic medicine, to give a dose similar to that which produces in the healthy similar symptoms to those which we detect in the patient. That is what we express in the formula, '*The therapeutic dose should be like to the pathogenetic dose.*' The therapeutic dose should, however, always be smaller than the pathogenetic dose."

sublimate with a result that the lamented Dr. Ozanam addressed an open letter to Dr. Lépine, of Lyons, in January, 1890.

"But you credit further to Dr. Lemoine, private teacher to the School of Military Hygiene, at Lyons, that he has, by following up this course, discovered the favourable action of the sublimate in doses of $\frac{1}{1000}$ of a gramme against dysentery, an action which you term *elective* or *antiseptic*.

"But I can affirm, without in any way depreciating the talents and virtues of Dr. Lemoine, who has perhaps worked hard to define this indication, that he has discovered what was known beforehand: for, for upwards of half a century this remedy has been indicated in our pathogenesies and our treatises on medicine (Hahnemann; *Materia Medica*, Paris, 1834, vol. iii, pages 27 and 90. Hartmann; *Thérapeutique Homœopathique*, Paris, 1847, vol. i, page 209. Hering; *Médecine Homœopathique Domestique*, 1855, third edition, page 350). But it is here given with the full details which individualize its indications.

"Thus we have for the drug on the one hand, and for the disease on the other hand; firstly, an elective action on the large intestine and rectum; secondly, represented in both, intense phlegmasia of the mucous membrane, with colic, tenesmus, diarrhœa, mucus, erosions, ulcerations and hæmorrhage.

"One cannot imagine things more similar, more homœopathic.

"But, as doses of $\frac{1}{1000}$ of a gramme often cause a medicinal aggravation, we give this remedy in the second or third solution, that is to say, in doses of $\frac{1}{10000}$, $\frac{1}{100000}$ or $\frac{1}{1000000}$ of a gramme. The primary action, which is violent and toxic, is suppressed; the secondary, or therapeutic, action alone remains—and cures.

"We must draw a fresh and important conclusion—that the scale of doses can reproduce so faithfully the series of stages that one may graduate accordingly the effects which he wishes to obtain; the strong doses representing the primary or toxic stage, the infinitesimal doses corresponding either to the prodromal, fugitive and temporary stages, where the remedy has scarcely begun to act, or, as is more frequently the case, to the secondary stages in which the remedy is almost worked out.

"But when the homœopathic physician, like a clever painter, applies himself to the finest shades to define a likeness, he notices further that the sublimate is especially suited to dysenteries where the hæmorrhages consist of red blood. As soon as venous hæmorrhages occur, it is no longer this drug which fulfils the whole indication: it is another drug (also, in these later days, discovered by the allopaths some thirty years after us); it is *hamamelis virginica* (Grover Coe, *Concentrated Organic Medicine*, New York, 1858—1865, seventh edition)."

And now, very illustrious Master, if you have condescended to read my letter to its end, it only remains for me to thank you, to apologise for such an inroad upon your leisure, and to hope respectfully to see you become the fervent homœopath which you failed to be at the beginning of your illustrious career.

PARIS, July, 1901.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

ANNUAL ASSEMBLY.

THE first meeting of the annual assembly for the session 1900-01 was held at the London Homœopathic Hospital on Wednesday, July 3rd, 1901, Mr. Dudley Wright, F.R.C.S., in the chair.

SECTION OF SURGERY AND GYNÆCOLOGY.

Under the auspices of this section a highly successful CLINICAL EVENING was conducted by the secretary to the section, Dr. E. A. Neatby.

The following *cases* were exhibited: (1.) *Tabes dorsalis* with want of co-ordination in speech and loss of taste in a man, age 51; (2.) Primary lateral sclerosis in a man, age 35 (Dr. Goldsbrough); (3.) Chronic hydrocephalus; (4.) Infantile hemiplegia; (5.) Talipes equino-varus associated with rachitis (Dr. Roberson Day); (6.) Uterine fibroids with heart symptoms; (7.) Uterine fibroids without heart symptoms (Dr. Burford); (8.) Myo-fibroma of uterus; (9.) Small myoma uteri with menorrhagia (Dr. E. A. Neatby); (10.) Lupus treated with high-frequency current (Dr. Ashton); (11.) Lupus of nose treated successfully by sunlight (Mr. H. Wynne Thomas).

Various *pathological specimens* were on view, among which were: (1.) A uterus successfully removed by vaginal hysterectomy for incipient carcinoma of cervix, with microscopic section; (2.) A similar specimen and section showing adherent placenta in uterine cavity; (3.) Myo-fibroma of uterus removed by retro-peritoneal hysterectomy; (4.) A Fallopian tube and tubal mole from a case of extra-uterine pregnancy where rupture had taken place into the broad ligament, forming an enormous hæmatoma; (5.) A similar specimen with a large encapsuled clot from the pelvis caused by hæmorrhage

from the enclosed tube (Dr. E. A. Neatby); (6,) A large cystic appendix vermiformis removed successfully from a man age 40 (Mr. Knox Shaw).

There was also an exhibition of *drawings, charts and instruments*, among which were included: (1,) Photograph of angio-neurotic œdema of one hand; (2,) Photograph of sarcoma of right upper jaw of six weeks' duration in a child 4 years of age; (3,) Water-colour drawing of leg showing patches of gangrene, etc. (from a case of syringo-myelia), also diagram showing patches of anæsthesia in the same case (Dr. Epps); (4,) A self-retaining retractor designed by Mr. H. Wynne Thomas; (5,) The Nitz Albanan utero-cystoscope; (6,) Two portable electric lamps (Dr. Neatby).

A *demonstration* on "The Life History of the Malarial Parasite" by lantern slides was also given by Mr. James Johnstone, F.R.C.S., which brought a most successful evening to a close.

SECOND MEETING.

The second meeting of the annual assembly was held on Thursday, July 4th, at 8 o'clock, Mr. Dudley Wright, F.R.C.S., in the chair.

The reports of the Council and Indexing Committee and the balance sheet were presented and adopted. A number of alterations in the laws of the society, of which previous due notice had been given by the Council, were discussed and in the main adopted. (A copy of the laws as amended will be posted to members in due course.)

The following Officers and Council and Sectional Committees were then elected for the session 1901-2:—

President: Dr. George Burford.

Vice-Presidents: Dr. J. Roberson Day and Dr. Herbert Nankivell.

Treasurer: Dr. Galley Blackley.

Council: (*Fellows*) Drs. Byres Moir, McNish, Goldsbrough and Madden; (*Members*) Drs. Stonham and Lestock Reid.

Section of Materia Medica and Therapeutics: Drs. Hughes, Lambert, Black (Torquay), McLachlan (Oxford), and Wilde (Bath).

Section of General Medicine and Pathology: Drs. Goldsbrough, Byres Moir, McNish, Ellis (Liverpool), Bodman (Bristol).

Section of Surgery and Gynæcology: Drs. Burford and Neatby, Messrs. Wright, Johnstone, and Wynne Thomas (Bromley).

A vote of thanks to Mr. Dudley Wright, F.R.C.S., for his conduct in the chair during his year of office was unanimously passed.

LADIES' GUILD OF THE LONDON HOMŒOPATHIC HOSPITAL.

A DRAWING Room Meeting of the friends of the Guild took place by the invitation of the Countess Cawdor at her town house, on Wednesday, July 3rd, and was largely attended. The Earl Cawdor, Treasurer of the Hospital, presided, and was supported by members of the Board of Management and Medical Staff of the Hospital. In welcoming her ladyship's guests, his lordship stated the reasons for the formation of the Guild, and the work which it was formed to do. As he had stated at the Annual General Meeting of the Hospital Subscribers, the annual subscriptions to the Hospital were quite below the total they should reach in order to show a fair proportion to the annual expenditure. The expenditure was over £10,000 a year, but the subscriptions were only £1,500. It was not too much to assume that they ought at least to reach a total of £3,000. The first object of the Ladies' Guild should be to bring in more subscribers, its second, to create a wide circle of ladies taking a direct personal interest in the Hospital and its work, visiting its wards, taking their friends to see the wards, and so widen the basis on which the Hospital relies for its support. Ladies were very influential in such work, and he was sure that if they made up their minds to succeed, the Guild would have a most useful future before it.

Mr. Stilwell, J.P., chairman of the Board of Management of the Hospital, moved the first resolution—

"That the Ladies' Guild of the London Homœopathic Hospital be and is hereby constituted, and that efforts shall be made to organize centres of the Guild in as many districts as possible." Referring to Lord Cawdor's remarks, Mr. Stilwell explained in some detail the general plan laid down for the work of the Guild. It was hoped by the subscriptions and influence of the members and their friends to increase the subscription list and perhaps support one or more beds. Also it was hoped that working members would provide clothing for such patients as needed it. In the Children's Ward there was a constant demand for clothing, and if ladies would visit the ward, the sister in charge would show the particular patterns of articles which would be most suitable. Out of this work would grow other means of usefulness and the Guild would take up any other work in connection with the Hospital which might be found necessary. The members would be of two classes: first, members who pay a minimum annual subscription to the Hospital of a guinea, and half-a-crown to the funds of the Guild; and, second, working members who would pay five shillings annually to the working expenses of the Guild and do work for the Hospital to the extent of not less than two garments a year.

The Guild would consist of a central association of members and local centres each with its own officers and conducting its own affairs. The common centre of all would of course be the Hospital, and by this organisation it was expected to create a very wide-spread influence in support of the Hospital of which they were so proud.

Sir Henry Tyler, chairman of the House Committee of the Hospital, seconded the resolution and expressed his confidence in the great power which the ladies of the Guild would exercise in furthering the objects and the progress of the Hospital. Among the progressive movements of the Hospital was, in his opinion, the throwing open the resident medical posts to lady doctors. They had found it a decided success, and he was glad to see present two ladies qualified in the ordinary schools, who had visited the Hospital and expressed much approval of its arrangements. They had always received great support from ladies, and were regretting the loss by death of one most generous lady whose donations during the past twenty years amounted to many thousands of pounds. He felt sure that the ladies of the Guild would give great help to the Hospital in many ways.

Dr. Edwin A. Neatby supported the resolution and bore practical testimony, from personal knowledge of the treatment of the patients, to the excellence of the work done in the Hospital.

He stated that in his opinion it was not necessary or desirable to "dun" people for money. The better plan was to *arouse their interest*; he gave instances of how readily the sympathetic interest of his friends was roused by a recital of the need of the suffering poor. One aged lady on a bed of suffering, on hearing of the efforts to bring relief to others promptly became a subscriber and wished success to the undertaking. He thought that the prosperity of the movement would be secured if ladies were personally conducted over the hospital.

It was not a movement where the house to house visitation to collect subscriptions was possible. But the personal influence of each member of the Ladies' Guild in her own circle would suffice to secure at least one new member for the Guild, and the like enthusiasm would spread to every fresh adherent.

Dr. Neatby said that the work of Hospital-visiting might be undertaken either for its Christ-like character, or out of pure altruism or for the gratification of receiving the gratitude of patients, and this last would be unstintingly given.

The resolution having been carried and the Guild thereby inaugurated,

Mr. Alan R. Chambre proposed that the Countess Cawdor

be asked to become president of the Guild, and her ladyship's consent having been received, Dr. Blackley seconded the resolution, which was carried.

Sir Henry Tyler then moved a vote of thanks to the Countess Cawdor for her ladyship's kindness in convening the meeting, and to the Earl Cawdor in presiding. It was most kind of her ladyship to throw her house open to the ladies desiring to unite in support of the Hospital, and Lord Cawdor had helped the formation of the Guild very much by his speech and his presiding at the meeting.

Mr. Stilwell, J.P., seconded, and the vote having been carried by acclamation,

Lord Cawdor in responding, thanked the ladies for accepting the invitation of Lady Cawdor, and acknowledging the debt which he and his family owed to homœopathy, assured them that it gave Lady Cawdor and himself very much pleasure to be useful to the cause in any way.

After partaking of refreshments the meeting separated.

At the meeting twenty new annual subscribers were received, and many promises of support have been received for this new movement in aid of the Hospital, and there are not wanting signs that it may become one of the most valuable, because constant, auxiliaries to the cause of homœopathy. The older members of the profession may remember that in the early days, a Ladies' Subscription Association was organised by Mrs. Yeldham, Mrs. Cameron, and other ladies, which had a very notable success, a considerable addition to the annual subscribers being the result.

The success of the present movement depends, naturally, upon the manner in which the members of the profession adopt this method of focussing their influence. The drawing-room meeting, or, in fine weather, the garden meeting, forms a pleasant *réunion* of ladies who are united in a common interest in Homœopathy, and in a philanthropic cause. The movement in each centre must necessarily start from the resident practitioner, and it is a matter of small difficulty for him to send to Mr. Cross at the Hospital a list of ladies who should be invited to a meeting, and the name of the lady who would be willing to convene a drawing-room meeting for the purpose. After that little or no trouble falls to the medical man, and, as already pointed out, the meetings offer a pleasant occasion for the gathering of neighbours of a like mind, and the subsequent meetings of the lady members create a pleasant circle for well-directed philanthropy. Centres are already arranged for in Hampstead, Brixton, Kensington and Highgate. Will any of our readers start the first centre farther a-field, of course, where there is no local hospital to support ?

NOTABILIA.

BRITISH HOMŒOPATHIC CONGRESS.

The following Circular has been issued by the Hon. Sec.

President—

GEORGE CLIFTON, J.P., L.R.C.P. and L.M. Edin., and
L.F.P.S. Glasgow.

Vice-president—

JOHN D. HAYWARD, M.D. Lond., F.R.C.S. Eng.

*Hon. Secretary—*D. DYCE BROWN, M.D.

*Hon. Treasurer—*E. M. MADDEN, M.B.

Hon. Local Secretaries—

A. E. HAWKES, M.D. | JAMES WATSON, M.B.

Council—

THE PRESIDENT

THE VICE-PRESIDENT

THE HON. TREASURER

THE HON. SECRETARY

RICHARD HUGHES, M.D.

A. C. CLIFTON, M.D.

THE HON. LOCAL SECRETARIES.

29, SEYMOUR STREET,

PORTMAN SQUARE, W.

July, 1901.

DEAR SIR,

The Annual Congress of Homœopathic Practitioners will be held this year in LIVERPOOL, at the ADELPHI HOTEL, Lime Street, on Thursday, the 19th of September, at 10 o'clock punctually.

The PRESIDENTIAL ADDRESS will be delivered by Dr. GEORGE CLIFTON (of Leicester) at 10 o'clock. Subject:—

"The New Century: the Increasing Purposes of the Medical Age."

Any strangers, ladies as well as gentlemen, who may desire to hear the President's Address, will be welcome.

After a short interval, to enable the treasurer to receive the members' subscriptions, a paper will be read by HERBERT NANKIVELL, M.D. (of Bournemouth) on

"The Therapeutic and General Treatment of Cardiac Debility."

To be followed by a discussion.

J. ROBERSON DAY, M.D., London, will then show a series of photographs taken from patients, mostly children, as lantern slides.

At one o'clock the Congress will adjourn for luncheon. The members of Congress are most kindly invited to be the guests of their Liverpool *confrères* on this occasion.

At two o'clock punctually the Congress will resume business, select the place of meeting for 1902, elect officers, and transact any other business which may be necessary.

A paper will then be read by ALFRED E. HAWKES, M.D. (of Liverpool) on

"Gynæco-Therapeutics."

To be followed by a discussion.

The third and last paper will then be read by WASHINGTON EPPS, L.R.C.P. Edin., M.R.C.S. Eng. (of London), on

"Eczema."

To be followed by a discussion.

At the close of the afternoon session the hospital will be thrown open to members and visitors. Tea will be served in the Board Room from 4.30 to 5.30 o'clock.

The members of Congress, with their friends, ladies as well as gentlemen, will dine together at the Adelphi Hotel, at 7 o'clock.

The subscription to the Congress is ten shillings and sixpence. The dinner ticket alone, *for guests only*, will be seven shillings.

All members of Congress who wish to secure beds at the Hotel will kindly communicate with the hon. local secretaries, Dr. A. E. HAWKES, 22, Abercromby Square, or Dr. JAMES WATSON, 259, Smithdown Road.

On the evening of Wednesday, the 18th, Dr. HAWKES will be pleased to welcome the members of Congress at his house, 22, Abercromby Square.

On Friday, the 20th, Dr. JOHN D. HAYWARD, kindly invites the members of Congress to a garden party at his house at West Derby (about three miles from Liverpool).

An excursion is also contemplated on Friday to New Brighton Tower. But this will be carried out or not, according to the wishes of the Congress. Nothing will be arranged for this till the meeting on Thursday.

Should you know of any colleague who has not received this circular, will you kindly let me know.

The enclosed post card is to be filled up and returned as early as possible, but not later than September 1st. Of course, if any colleague cannot make his arrangements so early, the post card would be received up to the day of meeting; but it is earnestly hoped that all will return the post card as early as possible, as arrangements for the dinner, etc., are much facilitated thereby.

I remain,

Yours very truly,

D. DYCE BROWN,

Hon. Sec.

PRÉCIS OF PAPERS.

Dr. NANKIVELL's not received.

Dr. HAWKES' Paper,

"*GYNÆCO-THERAPEUTICS.*"

How far are medicinal agents serviceable? Comparative paucity of pathogenetic effects; a suggestion for a clinical basis; tubal disease treated tentatively; ovarian medicines; some indications; fibroids, their clinical history and management; the endometrium, its response to symptomatic treatment; cervical conditions and their indications; idiopathic menorrhagia; dysmenorrhœa; dysuria; summary.

Dr. WASHINGTON EPPS' Paper.

"*ECZEMA.*"

Three varieties, the acute form (*E. vesiculosum*), the seborrhœic type (*E. seborrhœicum*), and the chronic, inflamed variety (*E. rubrum*); specially with reference to causes and to treatment, medicinal and hygienic, with cases.

POISONING BY DIGITALIN.

THE following interesting case is reported by DR. FRANK RADCLIFFE, of Oldham, in the *British Medical Journal* for February 9:—

"J. W., male, aged 1 year 11 months, was first seen by me on January 30th, 1900, about noon, when he was semi-conscious, pale, with pupils somewhat dilated, and vomiting a small quantity of bile-stained mucus. He was sweating profusely. The extremities were cold, the pulse exceedingly irregular and intermittent, so irregular indeed that I was unable to count it, and his respiratory movements were extremely shallow and slow. The previous day, about 10.30 a.m., he was seen playing with a box of Nativelle's digitalin granules, which I had supplied to his aunt; the granules were taken from him and nothing thought of the incident. He remained perfectly well until evening, when he became unusually cross. At 7.30 the next morning he vomited, and after that repeatedly vomited and became increasingly drowsy until I saw him. The diagnosis was obvious, and I ordered the child to be put to bed between blankets, and kept warm by hot-water bottles. I gave instructions that he must, if possible, be kept flat and quiet, and gave him 2 grs. of calomel and ordered a liberal quantity of brandy and water. I saw him again at 3.30 p.m., when he was distinctly worse; the respirations shallow, the pupils more dilated, the pulse as before, and the limbs warm, but the child was absolutely comatose.

At 5.30 p.m. Dr. Robertson, of Oldham, saw the child in consultation with me. We then found he was able to recognise his relatives; was not sweating so profusely; the pupils were not so dilated, and were reacting to light; the vomiting had not yet ceased, and the pulse was still markedly irregular and intermittent, but fairly rapid and small. Dr. Robertson agreed with me as to the diagnosis and treatment. At 10 p.m. the child was quite conscious, but still vomiting, extremely cross, and very thirsty. The pulse was not quite so irregular. On January 31st the child had some sleep. He had passed urine and fæces, was extremely thirsty, and had again vomited. The pulse was slower and not so irregular, and at times I could feel a large and small beat alternately.

On February 1st, after a good night, he was still much inclined to sleep. He was passing a large quantity of urine. The pulse was steadier, and had ceased to intermit, but still showed large and small beats alternating.

On February 3rd the child was almost well; the pulse was quite regular. I insisted on the child being kept quiet, to prevent syncope. On February 12th he had entirely recovered; careful auscultation revealed nothing wrong with the heart.

REMARKS.—After careful inquiry, and after guarding against obvious sources of error, I came to the conclusion that the

child must have swallowed 5 granules, and that therefore he must have taken $1\frac{1}{4}$ mg. of Nativelle's digitalin. It seems to me remarkable that the symptoms came on so late after taking the drug, and the very alarming condition in which the child was twenty-nine hours after. Had the child vomited earlier, or had I seen it earlier and emptied its stomach and cleared its intestinal tract, this could probably have been avoided, yet when I saw it more than twenty-four hours after taking the drug I thought it useless to do more than I did, especially as he had then been vomiting for about five hours. A peculiar feature of the case was that until more than two days had elapsed the pulse was not slow, but rather fast. I failed to count the pulse during the first two days of my attendance; and whether it had first been slow and then became fast I am unable to say. Dr. Dixon Mann, in his book on *Forensic Medicine and Toxicology*, states that the fatal dose of digitalin is not known; he also states that the drug varies in its activity according to the method used in its manufacture. He refers to a case in which a woman took 56 mg. of Homolle's digitalin without a fatal result; in fact, the patient does not seem to have presented such alarming symptoms as were present in my patient."

POISONING BY CAMPHOR.

MR. Alfred Hodgkinson held an inquiry at Tottenham respecting the death of Archibald George Hall, aged three years, the son of a printer's manager, lately residing at 47, Clinton road, West green.

Gertrude Hall, the mother, stated that on Thursday afternoon she had occasion to go upstairs, leaving the deceased playing with the other children in the garden. On her return deceased said, "I have had some medicine, Mamie," and he showed her a bottle containing camphorated oil that stood on the dresser, and said he had climbed up the arm-chair and had a drink. For a few minutes it appeared to have no effect, but within half an hour he was seized with convulsions, and died seven hours later.

Dr. John Spears stated that the cause of death was convulsions, set up by irritation of the stomach due to drinking the camphorated oil.

Questioned by the jury, witness said that five grains of camphor had been known to kill, whilst twenty grains had been taken by some people with impunity.—*Daily Telegraph*, May 30.

ASPARAGUS.

THE following case is reported by Mr. J. S. Mackintosh, M.R.C.S., L.R.C.P., in the *Lancet*, June 29th:—

“On May 25th an old gentleman, aged 73, sent to me a bottle of his urine, passed between 11 p.m. and 4 a.m. on the previous night, which had alarmed him by its dark colour. On testing it gave reactions for albumin and blood, and under the microscope plenty of blood-corpuscles and a few blood-casts could be seen. This, together with the smoky colour of the urine, pointed clearly to the kidney itself as the source of the hæmorrhage. On calling to see the patient I found him busy in his study, looking and feeling quite well. The history he gave was that he was very fond of asparagus and that two days previously he had had a fine bundle sent to him from the country, which he had consumed at luncheon and dinner on each of the two days, taking at each meal “about as much as he could grasp with one hand.” He owned an astronomical telescope, and after dinner on the second day (the evening before the hæmaturia took place) he went out to give a demonstration of the moon to some friends. The day had been warm, but the evening, with the strong east wind prevalent at that date, became very cold. The patient did not notice the cold until the end of the demonstration, when he felt that he had got chilled. About midnight he had a desire to urinate, and he passed the urine of which he sent to me a specimen. In the evening he sent to me another specimen of the urine passed during the day after I had seen him. In this there was no trace whatever of albumin, blood or casts. There has been no abnormality of the urine since. The patient had a prejudice against drugs, so, as there had been no symptoms whatever of an acute nephritis beyond the condition of the urine, he was recommended to confine his diet to slops and to keep himself under observation.”

“Asparagus is a stimulant diuretic causing dilatation of the afferent and contraction of the efferent blood-vessels of the kidney. The patient, then, with the kidneys engorged with blood exposed himself to a thorough cooling of the surface of the body. The mode of production of the hæmaturia seems plain enough. What is not so clear is its transient character. Apparently, a train had been well laid to lead to an explosion of an acute nephritis, but ended, happily, in a mere fizzle. The patient himself is, for his years, remarkably active both in mind and body. Of spare habit and small stature, he enjoys, as a rule, excellent health beyond occasional slight “uric-acidity” manifestations. He exhibits a degree of arteriosclerosis not uncommon at his age, but of chronic interstitial nephritis no symptoms at all. The moral appears to be that

exposure to a chill after indulgence in asparagus is not without its dangers."

This case appears to carry our knowledge of the effects of asparagus a step further, unless, indeed, the acknowledged factor of chill is to be held responsible for the hæmaturia from which Mr. Mackintosh's patient suffered. The records of voluntary provings at our disposal speak of frequent micturition with a sense of something sticking in the urethra and the discharge of urine containing what is variantly translated "dust particles" by the editors of the *Encyclopædia of Drug Pathogenesis*, and "motes" by Dr. Allen. It is to be regretted that we have no information as to the composition of this deposit which can only be doubtfully identified as oxalate of lime.

Dr. Hutchison¹ states that the potato contains asparagin, a highly nitrogenous non-proteid body, which probably performs a useful function in obviating intestinal fermentation and so sparing proteids in the herbivora.

Farrington² recommends asparagus in those aged patients who suffer from weak pulse and pain about the left acromion. This case may well suggest its use for transitory, or even paroxysmal, hæmaturia.

THE HAHNEMANN HOSPITAL, LIVERPOOL.

FLORAL FÊTE AND BAZAAR.

THE almost pre-Raphaelite prospectus concerning this fête, which reached us some time prior to the event, has not been belied by the reality. For a number of reasons we think an announcement somewhat fuller than usual is deserved. Passing over the known needs and merits of the Hospital, it is of special interest to those concerned with hospital management in London to read the speech of Mr. J. Carlton Stitt, that "it was a good day for the hospital many years ago when the general committee accepted such services as could be rendered by a ladies' committee, for when this challenge of Lord Dysart's was made the ladies' committee at once came forward to share the burden, and under the able presidency of Mrs. Eccles that beautiful floral fête became an accomplished fact." For the supporters of the metropolitan institute have recently waked up to a realization of the power of ladies to aid its development, and an account of its inauguration will be found on another page. Then the nature of the bazaar merits a special mention

¹ *Food and the Principles of Dietetics*, London, 1900.

² *Clinical Materia Medica*, page 105.

and detail, for, if not unique, it is an exceptional form of entertainment. Perhaps one day London may pay Liverpool the sincere flattery of imitation. Finally, as another reason for our lengthy notice, we may point out that the fête was not only interesting and beautiful, but remarkably successful. Our friends, we are delighted to know, cleared, with the amount of gifts promised, close upon £3,000, and they have our hearty congratulations.

A considerable portion of our report we take from *The Liverpool Courier*, July 4th, and its account opens as follows:—

"The floral fête and bazaar in aid of the Hahnemann Hospital, for which the committee have been working arduously these many months past, was opened on Thursday, July 4th, under the happiest auspices. Fine weather, a large gathering of friends and patrons, stalls richly provided with ladies' contributions to the arts and crafts, pretty gowns and pretty wearers went far to make it a success. But the wonderful charm of the bazaar lies in the venue. It is well named "floral fête," since it is held amidst the scents and colours of summer. The vestibule was arranged as a conservatory with screens and banks of flowering plants. The roof of the large hall of the gymnasium, where the stalls were ranged, was a network of ropes and appliances for the use of the pupils, and, underneath these, great garlands of evergreens were woven across and across and along from point to point, and were caught together with posies and bouquets of roses—not artificial roses, but natural roses in every beautiful shade. Everywhere were huge bouquets and garlands and wreaths, hanging baskets of moss and fern suspended from the roof, and long trails which broke in a rain of leaves and blossom. The stalls were in keeping with their background of flower-festooned walls, and were tents of white muslin with a little drapery of palest green, gracefully caught up here and there. The fronts were smothered in delicate grasses and flowers, with smilax garlands looped together in lovely shape with clusters of roses. The whole vista was an enchantment and very different from our usual grey and English manner. Looking down from the gallery, which made a bright place, where the Blue Hungarians played their finest music, the scene was perhaps at its prettiest, as a whole full of soft, rich colours, bright gleams from draperies and from flowers and leaves. It was interesting that the work of decorating this delightful interior was accomplished by the ladies' committee.

To say that the opening ceremony suffered from tedium of speeches is only to relate what happens at most bazaars. You are bound to accept the inevitable in philosophic spirit, but the gentlemen really ought to follow the example of the ladies, who

(in public) are so commendably brief. The speeches were made from the gallery; Lady Tate, who wore a handsome embroidered black gown, and pink roses in her bonnet, smilingly declared the bazaar open, and wished it all success. The purses were then presented to the treasurer by the ladies who had collected them, and the business of buying and selling was at once proceeded with. A charming interlude after the speeches were over and done with was the procession of floral mail carts round the hall, the competition in which was a leading feature of the carnival. The first prize was awarded to an exquisite cart sent by Mrs. John Hayward. The little carriage, wheels and all, was massed with delicate greenery studded with large pink carnations, and within it sat Ruth Hayward, all in pink silk and a great fluffy hat the same shade as the carnations, herself more sweet than the blossoms. The car was drawn by her sister Marie, also a study in carnation pink. Another lovely pink car, all sweet-peas and roses, was sent by Mrs. Harold Crosfield, whose lovely little girl Mary was set in the midst of them like a pink flower. Then Mrs. John Rutherford's beautiful children, Freda and Prue, whom Mrs. Hall Neale painted so successfully some time ago, formed a capital tableaux as 'Bo-peep' with their car laden with a sheaf of wheat and poppies, and all the etceteras of which the old nursery dirge makes mention. Eric, the pretty wee son of Mrs. Yates, sitting under a bright umbrella, drove a miniature Japanese rickshaw, which was all fans and grasses and tall blue iris.

The stalls were eleven in number and their delicate green and white draperies were in harmony with their flowery environment. The Flower stall formed so attractive a picture that one must be pardoned for alluding to it first. It was situated at the top of the hall with a deep hollow background of pale green muslin, and a stand covered with white, which showed up the beauty of great clusters and semi-clusters of roses in cream and white and yellow and crimson, sweet-peas and iris, and ferns and grasses in great profusion, fruit in pyramids amidst clusters of glossy leaves and eggs and butter in abundance. Mrs. Winwood Gossage and the Misses Tate were in direction here, with the assistance of Miss E. Keen, Miss D. Rimmer, and Miss Dora von Heyder. The Art and China stall was very fascinating with its treasures of finest Venetian glass, old Dresden ware, delicate pottery from Fifehire, Bruges, Rouen and Essex, and those graceful Turkish scarves known as 'yashmaks.' The stallholders included Mrs. Conkey, who wore blue and white foulard and a flower hat; Miss Grierson, Mrs. Carlton Stitt, in dark blue and white silk and a black hat arranged with pink roses; Mrs. Drysdale and Miss Wainwright. Among the helpers were Miss Stafford Northcote wearing white muslin and a

black hat, and Miss Nellie Wainwright in flowered muslin with white lawn and lace and a black and white hat. There was a great deal of useful work in embroideries and woollens at stall No. 2, as well as artistic cushions and table centres, and beautiful examples of painting on satin and velvet.

Among the ladies here were Mrs. Ellis, Mrs. Hawkes, in navy blue and white foulard, and a bonnet with yellow roses; Mrs. Lucas Hughes, wearing dainty flowered white silk with collar and revers of fine lace, and a black picture hat; Mrs. Cash Reed, and Mrs. Gordon Smith.

Among the girls helping were Miss Hawkes, in pretty blue and white silk foulard, with a fichu of crinkled white chiffon, and a black picture hat; and Miss Gertie Jordan in cream embroidered net and a black hat.

There was no prettier stall than the Waterloo stall. One could purchase most things there, from lace curtains to Paris frivolities. Miss Marion Watts has contributed some fine examples of her skill in etching, and there were delightful Devonshire baskets, which only need to be seen to be bought—to use a familiar enough phrase. Mrs. Gee's stall was a study in country flowers. The muslin façade was quite wreathed with marguerites.

There were also on sale lovely Irish lace, beautiful embroideries, Connemara marble trinkets, and an amazing stock of dolls.

Another beautiful stall was that of Mrs. Tate, which was arranged with poppies and wheat, and she sold, among a host of lovely things, rare old china, fine paintings, and the most wonderful lamp shades, like enormous butterflies. Quite as lovely was the stall where Mrs. Hayward, Mrs. John Hayward, Mrs. Charles Hayward, and Miss Hayward presided, whose tapering façade was almost hid from view by natural flowers. It would be difficult to say what there was not at this stall in the way of art and needlework and cushions, more gorgeous than Solomon in all his glory.

The largest stall was that over which Mrs. Shorroek Eccles (one of the most devoted workers for the bazaar), Miss Heap, and Mrs. Sanday presided, and it was perhaps the most richly and most variedly stocked of all. It overflowed, indeed, into several stalls, and was conspicuous for garden chairs and tables and garden hats, and poppies and grasses were arranged in tall tapering bamboo holders with exquisite effect. There were embroideries and curios and carvings from all the world over, and some fine examples of painting by modern artists. Then at the Hospital stall, Miss Bower, the lady superintendent, and nurses sold plain and fancy needlework of every description, and the Sweet stall had the most delicious dainties

imaginable, chocolate from Athens, the famous Everton toffee, and bon-bons in pretty baskets, and satin satchels. Then upstairs was the Tea-room, under the direction of Miss Helena Watts, with the assistance of Miss Capper, Misses Eccles, Miss Fletcher, Miss Jackson, Miss Rutherford, and Miss Snape.

It were ill to conclude the tale of the bazaar without a glimpse at the shooting galleries, one of the most popular and most crowded resorts, where you may try your skill or the want of it; or the Boer museum, stored with relics from the war. There you may see some sad relics and others not so sad. They include a Queen's chocolate box, siege coupons, a case used for emergency rations, a Mauser rifle, a sorrowful khaki helmet found on the battle-field, and other interesting memorabilia from that vast and terrible arena in which our soldiers have done so gallant service.

The opening ceremony attracted a large and fashionable gathering, over which Mr. C. W. Jones presided.

Mr. J. Carlton Stitt, chairman of the Hospital Committee, in reviewing the history of the Hospital, said it was just sixty years ago since the late Dr. Drysdale, held by many of them in affectionate remembrance, established a homœopathic dispensary at 2, Harford Street, Mount Pleasant. He was joined later by Drs. Chapman, Hilbers, Moore, Stokes, Roche, Wright, Wilkin, Hayward, and others. The list of good men who had served Liverpool and its suffering poor, either professionally or as lay members of the committee of management, could be considerably enlarged, and included Mr. J. Yate Lee, Mr. Charles Grayson, Mr. Henry Tate, Mr. Alfred Castellaine, and Mr. Thos. Crossfield. The dispensary was removed from Harford Street to a building in Hardman Street in 1860, at a cost of £2,000. In order that the benefits of homœopathy might be enjoyed by the people living in the north end of the city, a second dispensary was opened at 55, Wilbraham Street, in 1866, and transferred to 10, Roscommon Street, at a cost of £1,000 in 1872. He particularly referred to this second dispensary because somewhere between 1848 and 1854, the late Sir Henry Tate joined the committee which took charge of the affairs of these two public institutions, and in 1878 he was appointed chairman. It was this thirty years' experience of homœopathy and its curative effects that led him in 1884 to offer a hospital to Liverpool, and in September, 1887, he had the pleasure of seeing the beautiful and well-equipped institution in Hope Street opened. For thirteen years this hospital had been before the citizens of Liverpool, claiming support as a public medical institution. As homœopaths they had done all in their power to support the hospital and dispensaries, but the present appeal was made to

all good citizens upon two grounds. In the first instance he claimed that they were doing a very large and important work among the sick poor of Liverpool at comparatively small cost. Last year the total expenditure amounted to £3,211. The in-patients numbered 424, while no less than 67,778 persons were treated in the out-patient department. Looking at these figures from a business point of view they could confidently appeal to the business men of Liverpool. Secondly, the work was not being carried on so as to pauperise those who were treated. A fee was charged for consultation and medicine, and the in-patients were asked to pay a fee, or as much towards that fee as they were able. If a suitable case was presented it was not refused on account of inability to pay, but a note from one of the doctors was sufficient to ensure the benefits of their institution for the patient gratis. It was hoped that an institution so efficiently and economically managed would not be allowed to suffer for want of funds, but he was sorry to say that during the past thirteen years they had never had an income equal to their expenditure, and these annual deficiencies had reached the serious sum of £6,000. Naturally these deficits had been a source of very great anxiety, not only to the treasurer and the committee, but the friends of the Hospital. This position of affairs so affected one of their vice-presidents, the Right Hon. the Earl of Dysart, that he decided to help them in a very substantial manner if the committee would do their part. If the committee could devise a scheme at a cost of £2,000 whereby their annual income might be increased, Lord Dysart was prepared to find £500, and if they could raise £5,000 towards the deficit of £6,000, he most generously offered to subscribe £1,000. (Applause.) By means of that bazaar they were endeavouring to raise a certain proportion if not the whole of the sum required.

Purses subscribed on behalf of the Hospital were then presented to Lady Tate by members of the Ladies' Committee, the sum totalling between £400 and £500.

Mr. E. S. Eccles, treasurer, cordially thanked the ladies who had so generously contributed the purses. The finances of the Hospital had indeed been a source of anxiety for a considerable period, but he felt that they were about to be relieved. No doubt one and all would be pleased to learn that he had received a letter from Sir William Henry Tate, who expressed his desire to give £500 towards the hospital funds on the terms of the Earl of Dysart's letter of February 4th. (Applause.) Sir William's letter was also accompanied by one addressed to Mrs. Eccles from Lady Tate, making a gift of £50 towards the same object. (Applause.) Needless to say, he replied to Sir William that they hoped to claim the

£500, and that his generous offer would encourage them to go forward and gain Lord Dysart's £1,000. (Applause.)

The chairman thought Lady Tate required no introduction. Like the late Sir Henry Tate and all the members of the Tate family, she was known and respected by every section of the community. Sir Henry's memory would always be revered. His benefactions to literature, art, and music were immense. He (Mr. Jones) had known Sir Henry intimately for fifty years, in fact as a boy he was the recipient of one of his greatest characteristics—his kindness to and sympathy with young people. Referring to the objects of the bazaar, Mr. Jones said he sympathised heart and soul with the desire of the committee. People gave their subscriptions in order that the pain and suffering of their poorer brethren might be eased, and at the same time they benefited themselves because the hospitals provided a training school for the nurses who came into their own households. It was gratifying to note the immense improvement that had taken place during the last thirty or forty years with regard to nursing. In conclusion, Mr. Jones expressed the hope that the Hahnemann Hospital would always produce skilful, patient, tactful nurses, and pointed out that nurses from homœopathic establishments were fully qualified to treat allopathic cases.

Lady Tate, who bore a beautiful bouquet of red roses, formally declared the bazaar open, and the Blue Hungarian Band then struck up with the familiar strains of the "National Anthem."

Monsignor Nugent, in proposing a vote of thanks to Lady Tate, described the charitable work in which they were engaged as pre-eminently a woman's work, and thought all who looked back upon the history of Liverpool during the past sixty or seventy years must rejoice at the great and noble things accomplished by women on behalf of all good movements and institutions in the city. He could remember the time when there was only one hospital or infirmary in Liverpool, but to-day they had them on every side, and each one of them was not only directed by the highest class of medical skill and knowledge, but woman, with all her gentleness, love, sympathy, and self-sacrifice, had been exercised in connection with those institutions. In this respect they were much indebted to Lady Tate and her husband, who was deeply interested in all the establishments that were for the benefit of suffering humanity. (Applause.) Personally he hoped and believed the bazaar would be an immense success.

The Rev. R. M. Ainslie seconded the resolution, which was carried with acclamation.

The chairman in responding, said Lady Tate was highly

pleased to have been present, and Sir William H. Tate was very sorry that he was unable to attend.

To the tune of a lively air played by the band the sales commenced.

ANOTHER SIDE OF VIVISECTION.

THE INHUMANITY OF SOME "HUMANITARIANS."

By FRED. A. MACKENZIE.

MR. Balfour's recent remarks about the backwardness of medical research in England to-day can surprise no one acquainted with the facts of the case.

Not long since, England stood foremost in the battle against disease and pain. Harvey, who discovered the circulation of the blood; Bell, the master of neurology; Simpson, who introduced chloroform; Lister, the father of asepsis, were all British. But now the great forward steps are being made not here, but abroad.

Why is this? We have not to go far to seek the reason. England gives quacks, even of the most dangerous types, a practically free hand, but it restricts legitimate medical research in every way. A strong sentiment has arisen, founded on distorted facts and false ideas, which checks investigation. The doctor who dares to undertake independent research is a marked man. He is boycotted. Hospitals are threatened with loss of subscriptions if he is suffered to remain on their staff. A stream of the foulest abuse is continually poured on him and his fellows. The anti-vivisectionists, who recently have been found out in a systematic attempt to ruin one of the finest hospitals in London, were some time ago convicted of attempting to turn funds from others, in order to cripple their usefulness.

What the law permits.—The main charges against vivisectionists are two—cruelty and folly. Their work, we are told, inflicts diabolical and long-drawn-out tortures on poor dumb beasts, and it yields no good results. Now is vivisection as practised in England to-day, the cruel, inhuman, and useless work depicted by its opponents? Let us confine ourselves to a plain record of facts.

Vivisectionists are all specially qualified medical men, whose fitness is guaranteed by the heads of their profession and whose records are closely investigated by the Home Office before certificates are granted them. They can only carry

out their work in specially named places, and such places are, almost without exception, public establishments like the physiological and pathological departments of universities, Government departments, or the like. All of these laboratories are open at all times to investigation, and Government inspectors go in and out of them as they will.

Every experiment on an animal has to be fully detailed and reported. In short, there is no hole-and-corner work. All that is done is known, not merely by the accounts of the vivisectionists themselves, but by the visits of high Government officials.

The statement that animals are tortured is not borne out by any known facts, and the Royal Commission of 1876, which inquired exhaustively into the subject, could not find any evidence of any such thing occurring in the United Kingdom. Anti-vivisectionists vaguely hint at many barbarities, yet they have not been able legally to charge one licensed vivisectionist with cruelty. The truth is, the utmost care is taken by vivisectionists to prevent unnecessary pain. In all cases of experiments which involve cutting, the animal has to be kept under anæsthetics, so as to be completely unconscious. Save in special cases, for which a special certificate is wanted, it must be destroyed before it recovers consciousness and comes back to life. And even in the special cases antiseptic precautions, which prevent serious pain, must be used, and if they fail the animal must be killed. The vast majority of operations, however, involve no cutting at all. They are simply inoculations, in which little more pain than a pin-prick is caused.

What actually happens.—This is the theory of the law. How does it work out in practice? Let us take the evidence of the Government Inspector himself. In his last report he writes :—

“During the year the usual inspections of registered places have been made by Dr. Poore, Sir James Russell, and myself. . . . These inspections have generally been made without notice. . . . I have on several occasions seen animals under experiment, always in a state of profound anæsthesia. The animals experimented on under Certificates A and B have been carefully examined, and among the large numbers I have seen there have been none showing any signs of pain. The guinea-pigs and rabbits, for instance, which have been inoculated under Certificate A for the testing of anti-toxins, for the diagnosis of disease, and so forth, are generally indistinguishable from the untouched animals in stock; and in most cases that have come under my notice of animals operated on under Certificate B it would be quite impossible, apart

from the scar or healing wound, to recognise that anything has been done to them."

Professor Schäfer, one of the most eminent physiologists in England, not long since gave similar evidence. "During nearly thirty years' intimate acquaintance with the work of our physiological laboratories," said he, "in the course of which, it need hardly be said, I have witnessed a considerable number of operations upon animals, I cannot recall one single instance of an experiment calculated to cause pain in which the animal was not rendered insensible during the whole time of the operation."

Anti-vivisectionists declare that the experiments on living animals are useless. Here they are met by the unanimous opinion of doctors in every land that they are indispensable if any progress is to be made in the healing art. It is a simple matter of history that most of the great discoveries of the past have been brought about through them. Harvey discovered the circulation of the blood, to quote his own words, "by many dissections of living animals." By vivisection medicine has been changed from an empirical practice of uncertain remedies to an exact science. The whole of our knowledge of the functions of the nervous system, and the startling, and, let us add, most helpful, discovery of bacteriology we owe entirely to vivisection.

Nor is it man alone who benefits by these discoveries. Our animals and birds gain with us. Roup in chickens, anthrax in cattle and horses, diseases which tortured and slew their scores of thousands of dumb creatures every year, are now yielding to the knowledge vivisection has given us. Our Board of Agriculture found it necessary to establish its own laboratory for vivisectional research for the sake of the farmers' stock.

Harm done by Anti-vivisectionists.—So long as the anti-vivisectionists contented themselves with seeking to secure further legal restrictions of research, the harm they did was comparatively limited; for it was always possible to present the real facts to Parliament. But now that their campaign has extended to the attempted crippling and starving of our great hospitals, their capacity for injuring the public weal has increased a hundredfold. For the subscribers to our great charities are not all able to get at both sides of the case, and have many of them not time or inclination to study them. It is always easy enough to convince folks that they should cease their charities. But it is strange "humanitarianism" which makes the diphtheritic child be choked to death or the enteric patient die for lack of skilled nursing, simply because the anti-vivisectionists want to spite themselves on

the doctors. Yet that is the legitimate outcome of the present anti-hospital craze of the anti-vivisectionists.

Take a tangible case of the immediate benefits conferred on our sick poor by medical research. A man is brought in a London hospital dangerously ill from an obscure internal disease. Before treating him it is essential that the doctors should learn if his ailment is tuberculous or not. How are they to find out? They take some of the pus that has passed from him, inject it into a guinea-pig, and watch the results. In a short time the disease is diagnosed, the guinea-pig is painlessly killed, and the man is treated and cured.

Is there crime or inhumanity here? Yet it is for doing such things that the doctors are vilified and the great healing institutions attacked. Some of us are under the impression that even a poor hospital patient is worth many guinea-pigs.

It is sometimes urged that if our healers are so anxious to make new discoveries they should experiment on themselves. They do, often at the greatest risk. Most are familiar with the story of how Simpson first tried chloroform on himself and two brother doctors, with the result that they found themselves under the table. We have not yet forgotten how, four years ago, when preventive inoculations against typhoid were first experimented with, sixteen young doctors and two others at Netley offered themselves and had the serum injected in them.

If we are to combat the growing ills created by modern civilisation, medicine must advance. It can no more go forward without experiment than can any other science. Experiment and observation always have been, and always will be, the motive powers of progress, and the keys whereby the secrets of knowledge are unlocked.—*Daily Mail*.

A NEW PROGNOSTIC SIGN IN TYPHOID.

THE discovery of a new prognostic sign in typhoid fever is something which the medical profession cannot despise, and more than usual interest, therefore, attaches itself to the recent researches of Waldvogel, which go to show that, in the majority of cases of typhoid, the congelation point of the serum is very much increased, and that if this elevation of the cryoscopic point does not occur, the particular case of typhoid fever will inevitably result in death. This is a fact which, if confirmed,

would furnish us with a prognostic sign of the highest value. Waldvogel's conclusions are based upon researches conducted in twenty-four cases of typhoid fever. The normal congelation point of serum is 0.56. The highest points observed by Waldvogel were in two convalescents, 1.68 and 1.28; and the lowest congelation points in three cases, which died, 0.65, 0.63, 0.54. The existence of the high congelation point in convalescents is deemed to be proof that it is not due to the state of the patient's temperature, nor is it due to respiratory changes, nor to inanition.

Waldvogel's first idea was that of incriminating the kidney, attributing these changes to retention uremia, but a special study proved that these patients were not uremic, and latent nephritis had nothing to do with the state of the blood. A more minute examination of the factors entering into the problem has convinced Waldvogel that this elevation of the congelation point can only be due to the presence in the blood of a typhoid antitoxin. If this be true, prognosis founded upon this relative congelation acquires a solid basis, the congelation point permitting us to appreciate the force of the resistance offered by the typhoid patient, and to tell whether the organism is manufacturing the antitoxin in sufficient quantity to neutralize the typhoid poison.

The conclusions which are the outcome of these researches are to the effect that there is always in typhoid patients an elevation of the cryoscopic point of the serum, and that this elevation is not due to a thickening of the blood by depletion of the water through diarrhœa, nor is it due to retention of the chlorides, nor yet to renal insufficiency. Nevertheless, the nitrogenous substances are increased in the serum of the typhoid patient, and it is these new albuminoid substances in the serum which produce the elevation in its congelation point, without of necessity increasing its agglutinative power, as Waldvogel's observations go to demonstrate. He considers, therefore, that these substances are formed by antitoxins and possibly by special agglutinates. He draws the following conclusions from his researches:—

(1.) That the elevation in the cryoscopic point of the serum is not attributable in all cases to uremia.

(2.) In typhoid fever the elevation of the cryoscopic point of the serum is related to the formation of antitoxins.

(3.) If, in a given case of typhoid fever, the cryoscopic point falls below normal, and is situated in the neighbourhood of 0.70, the prognosis becomes very grave.—*The Medical Age*.

CORRESPONDENCE.

A SCIENTIFIC MATERIA MEDICA.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—May I make a contribution to the discussion Dr. Neatby invites on his article "Potential Charity"? Without in any way decrying the value of the provings which have hitherto enabled us to practise in accordance with the law of similars, I feel, as I think many of us do, that it is time we began to re-prove our drugs with the aid of the instruments of precise diagnosis unknown to the men upon whose work we have been content to live a parasitic existence. It will be a work of much difficulty; therefore, the sooner we begin the better. It is evident that we have not the enthusiasm sufficient to bring forward provers from the ranks of busy practitioners; indeed, imagination recoils from the mental picture of an attempt to combine a proving, say, of colocynth with the care of a general practice. I have often wondered that the Homœopathic Colleges of America do not demand a month's proving from every student as a part of the curriculum, but here we have no students to exploit, and we must fall back, it seems to me, on the plan of paying for what we cannot get given to us. Let us make the Bayes' bequest the nucleus of a fund, to which we will ask all who are interested to subscribe. There are over two hundred members of the British Homœopathic Society; surely they will give an average subscription of one guinea. With the Bayes' bequest, can we not raise £300 per annum? But whatever the sum, let us begin. Let us ask the London Homœopathic Hospital, in view of the gratuitous services of the staff, to set aside a bed or beds for provers. Then let us invite provers at £50 a month to live in the Hospital, to put themselves at the disposal of a committee (not less than three or more than five doctors) elected by the society. Let the committee select the drug to be proved, the mode of administration, etc. Let the prover's fee be continued till such time as he or she is entirely free from the effects of the drug, and let the prover be examined according to symptoms by the hospital specialists so as to discover as far as possible what is the physical basis for each symptom presented. By this means we shall gradually, I hope, add a statement of observed facts to our present lists of recorded symptoms, a statement to which each can attach such weight as he finds accord with his experience; at least it will be an important addition to our stock of knowledge.

Yours faithfully,

C. E. WHEELER.

NOTICES TO CORRESPONDENTS.

* * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Mr. C. J. WILKINSON.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays and Saturdays, 2.0; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Wednesdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Dental Cases, Wednesdays, 9 A.M.; Othopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Wednesdays, 9 A.M.

Dr. N. GRACE has joined Dr. NEILD, of Tunbridge Wells, in practice, and has taken up his residence at 2, Calverley Mount.

Letters have been received from the following:—Dr. BLACKLEY (London); Dr. CROUCHER (Eastbourne); Dr. GOLDSBROUGH (London); Dr. NEILD (Tunbridge Wells); Dr. PURDOM (Croydon); Dr. WHEELER (Surbiton).

BOOKS RECEIVED.

A Book Relating to the Art Work of the Fire. By Adair Welcker. San Francisco: Cuberry & Co. 1901. *Regional Leaders.* By E. B. Nash, M.D. Philadelphia: Boericke & Tafel. 1901. London.—*The Journal of the British Homœopathic Society*, July. *The Chemist and Druggist*, July. *The Homœopathic World*, July. *The Vaccination Enquirer*, July. *The Temperance Critic*, July. *The Calcutta Journal of Medicine*, February and March. Chicago.—*The Medical Era*, July. *The Hahnemannian Advocate*, July. New York.—*The Medical Times*, July. *The Medical Century*, July. *The North American Journal of Homœopathy*, July. Philadelphia.—*The Hahnemannian Monthly*, July. Lancaster Pa.—*The Homœopathic Envoy*, July. *The Homœopathic Recorder*, June. San Diego.—*The Pacific Coast Journal of Homœopathy*, June. Baltimore.—*The American Medical Monthly*, June. St. Louis.—*The Medical Brief*, July. Paris.—*Revue Homœopathique Française*, July. *Le Mois Médico-Chirurgical*, July. *Leipsiger Hom. Zeitschrift*, July. The Hague.—*Homöopathische Maanblat*, July.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W.; or to Mr. WILKINSON, 3, Osborn Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 69, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE BRITISH HOMŒOPATHIC CONGRESS.

As our readers are already aware, the Annual Meeting of the Congress takes place this year in Liverpool, on Thursday, the 19th of this month. This is not the first time that the Congress has met in Liverpool, and the previous meetings there were so successful that we feel sure that this year will be equal to the former ones, if not surpassing them in its results. There is, however, we much regret to say, a cloud hovering over our meeting. Our colleagues who do not already know it will learn with sincere sorrow and disappointment that the President, DR. GEORGE CLIFTON, of Leicester, has been so seriously ill with phlebitis that it is very improbable that he will be able to travel. He has been confined to bed for some weeks, and while we write he is still in bed, and though improving on the whole, as we are glad to learn, progress is necessarily slow and uncertain in such a serious illness as he has unfortunately been passing through. We are sure that he has the unanimous sympathy of his colleagues in this trouble, and, though he may not be able to grace this meeting with his presence, we shall all rejoice to hear that he is convalescing satisfactorily, and that he is within a measurable distance of health and renewed work. His illness has prevented his devoting his mind and energy to the

preparation of his address, but we are very glad to know that, while we write, he has been able to do a little to it, and that he hopes by degrees to accomplish his task. If he progresses as we hope he will do, it may prove an agreeable means of passing the weary days of confinement to bed, and he will have the satisfaction of knowing that the Congress will hear his address read by the Vice-President, DR. JOHN D. HAYWARD, with many sympathetic regrets that he was unable to deliver it personally. Should DR. CLIFTON's anticipations that he will be unfit to travel be unhappily realized, we have no doubt that DR. JOHN HAYWARD will fill the Presidential chair with ability and dignity.

Nothing is more in harmony with the fitness of things than that the Congress should meet every few years in Liverpool. The importance of the city as a great Imperial centre of commerce marks it out as a suitable meeting place for a Medical Congress, as its large and influential population are known to take keen interest in the medical questions of the day, while the medical profession in Liverpool takes a very high position in the estimation of the whole country. And in the advancement of homœopathy, in which we are specially interested, Liverpool has always been in the front rank. The memory of DR. DRYSDALE, DR. MOORE, and others who have passed to the majority will for ever remain green in our annals. The work done at the dispensaries, before the Hahnemann Hospital was built, in training young homœopaths was almost unique. Many of our present colleagues owe their instruction and guidance in practising homœopathy to that training, and are proud of Liverpool; while, on the other hand, Liverpool may be proud of the men whom it has thus equipped, and who have turned out an honour to their profession. These dispensaries have resulted, as we all know so well, in the placing of the cope-stone on the building and producing the Hahnemann Hospital. Owing to the liberality and large-minded generosity of the late SIR HENRY TATE and his family, the Hospital is one of the prominent and imposing structures of the city, and the good work of demonstrating to all who care to study it the value of homœopathic treatment in disease, and of ministering to the necessitous poor as in-patients and out-patients is carried on vigorously and enthusiastically

by the physicians and surgeons. For these reasons Liverpool of all places has a first claim on the Congress for its meeting place.

The programme for the day will, we feel sure, be deemed excellent. Our only regret is that the meeting lasts for only one day. Time therefore precludes more than three papers being read, with discussion following them, over and above the Presidential address; but the papers of DR. HERBERT NANKIVELL, DR. HAWKES, and DR. EPPS, each on entirely separate lines, will, we expect, be valuable and instructive, and afford ample basis for discussion. DR. ROBERSON DAY'S demonstration of diseases of children by lantern slides will make an interesting and instructive variety in the proceedings.

The social aspect of the Congress is always a chief feature. Men meet their colleagues, there is a friendly greeting, and they get to know each other personally in a way that they could not otherwise do. The recollections of these social gatherings last and produce such excellent results that the Congresses are, we have means of knowing, much valued for this reason, as well as for the intellectual enjoyment and profit afforded by the papers and discussions. A feeling of *esprit de corps* is gendered, and the desire for solidarity and for common work in the great cause we have at heart is much strengthened. There is more need than ever that we should pull together, and work hard for the goal we have in view, namely, the universal adoption of the law of similars as the great guide in therapeutics, and this the Annual Congress aids materially. Our Liverpool colleagues have most generously invited the members of Congress to be their guests at luncheon, while the Vice-President, DR. JOHN HAYWARD, is kind enough to give a garden-party on the day after the meeting; an excursion is also proposed to New Brighton Tower, and last but not least, Dr. Hawkes kindly invites all who can come to an "informal gathering," as he modestly terms it, at his house on the Wednesday evening preceding the Congress. These festive functions with the usual dinner on the evening of the Congress day, ought to render the Liverpool meeting a very enjoyable and successful one. We trust that our colleagues will do their very best to come in full numbers, and so make an adequate representation of homœopathy, and one worthy of Liverpool.

A CASE OF RETROVERSION OF THE GRAVID UTERUS.

By ALEX. H. CROUCHER, M.D., F.R.C.S. Ed.

Mrs. C., æt. 28, came under my care on April 23rd, 1901; the patient was of spare habit and nervous temperament, and complained of great pain in the lower part of the abdomen, and in the sacral region; there were also much bearing down and dysuria; these symptoms had lasted in varying intensity for about six weeks.

Patient has been married four years, and three years ago was confined, but the baby only survived its birth a few weeks.

In June, 1900, patient miscarried at about the third month of pregnancy, the apparent cause of this mishap was fright, caused by a large dog suddenly jumping up at her; a day or two after this occurrence, hæmorrhage came on, she was seen by her usual medical attendant, who examined, and found the uterus displaced; he replaced it, but the pregnancy terminated.

Course of present illness. Patient last ceased to menstruate on January 10th of this year, abdominal pain and discomfort ensued soon after. At the end of March she had an attack of bronchitis, which left her weak.

On April 9th, patient was unable to urinate, her doctor was sent for, he passed a catheter and drew off the urine, but did not examine further.

On April 14th, the doctor was again sent for as Mrs. C. was suffering much pain, he ordered her hot baths and promised to see her next day. As he did not come and I happened on April 23rd to be visiting a friend of the patient a few doors off, I was asked to see Mrs. C. The patient remarked that she thought her own doctor was getting on too well, and did not care to be troubled with her case although she was not a club-patient; this seemed, as regards myself, rather a dubious compliment. Having lost one child and had one miscarriage Mrs. C. was very anxious that this pregnancy should go on to full term.

I found the patient with the symptoms before mentioned, and urged an internal examination, which was consented to. The examination revealed the cervix and os high up anteriorly, close behind the pubes, and a soft mass filling up the posterior and lateral fornices, which

mass was pressing forwards and upwards the cervix uteri; the diagnosis was retroversion of the gravid uterus.

As there was no history of previous inflammatory trouble, I hoped to be able to replace the mal-placed organ with ease.

The bladder was next emptied with a long red rubber catheter, but only a few ounces came away, this was at 5.30 p.m.

Attempts were made bi-manually and in the genu-pectoral position to replace the uterus, but without success; in spite of the manipulations being gently performed much pain was caused, not caring to use much force, and having a few years ago treated a similar case successfully with an india rubber air-ball pessary inserted into the vagina and there distended, I left her to get such an instrument, and returned an hour later, in the meantime giving the patient belladonna 1x \mathbb{M} ij, half hourly. Having got the needed instrument, at 6.30 p.m. the air-ball pessary was introduced into the vagina and distended with air, this caused much pain, but it was left *in situ*.

At 9 p.m. patient's husband came for me and requested me to visit his wife at once as she was in great pain and fainting continuously. On arriving at the house I found it was so, and removed the air-ball, and found that replacement had not occurred, the bladder, however, was full, about a pint-and-a-half of urine was removed, this gave much relief. The instrument was again inserted and a sedative administered, as it seemed most important that the displacement should be relieved as soon as possible and the pain subdued.

Next morning at 8 a.m. I visited the patient, removed the pessary and examined; the uterus had become replaced in its normal position, micturition was naturally performed, the abdominal pain and bearing down were absent.

That retro-flexion and incarceration of the gravid uterus is a serious condition is well known, and in my opinion it is often the cause of abortion if of nothing worse.

At the present time I have a patient who miscarried three weeks ago, I saw the patient a fortnight later for continued hæmorrhage, and found the uterus retroflexed, and feel sure that the abortion was caused by the uterus becoming pregnant in this malposition.

I treated this patient four years ago for a retroflexed uterus. Norris and Dickinson in their *Text-book of Obstetrics*, mention a series of fifty cases of death from retroflexion of the gravid uterus collected by Treube. He found that out of the fifty cases of death from this cause, thirteen died from uræmia, eleven from rupture of the bladder, six from sepsis, ten followed peritonitis and cystitis, three died of pyæmia, two by rupture of the peritoneum, and five cases followed accidents during an effort to replace the uterus.

Where the uterus is bound down by adhesions it is of course a serious added danger to the efforts of reposition and may entirely defeat our efforts.

These statistics are amplified by Gottschalk, who collected sixty-seven deaths from backward displacement of the pregnant uterus, the immediate causes of which he describes as follows: uræmia and collapse sixteen cases, septicæmia arising from the bladder four, gangrene of the bladder three, rupture of the bladder eleven, peritonitis from disease of the bladder seventeen, pyæmia three, rupture of vagina and peritoneum two, improper efforts at reposition five, gangrene of intestine and peritonitis one, occlusion of intestine one, and four cases in which the immediate cause of death is not described. Gottschalk in his paper reports a case in which the retroflexed uterus produced intestinal occlusion without ileus, he performed abdominal section but was unable to save the patient.

Thus it is seen that the displacement is of very serious import, and should be recognised early and treated accordingly.

Ectopic gestation may be simulated by a retroflexed pregnant uterus: as in a case reported by Barbour, in which the physical signs of retroflexion in the pregnant uterus were perfectly present.

Cohnstein, in treating five severe cases of this trouble, did so thus, he first emptied the bladder by a stiff catheter, and then drew down the cervix and vaginal wall with a tenaculum, while the cervix was pressed backwards by downward pressure behind the symphysis. While the cervix was drawn downwards and backwards by a tenaculum, the fundus was raised with the free hand of the operator.

Mrs. C. is doing well and I hope will go on to full term.
EASTBOURNE.

NOTES ON A CASE OF FRACTURE OF BOTH PATELLÆ.

By A. MIDGLEY CASH, M.D., M.R.C.S.

MR. G. E., aged about 30 years, coach builder, a short, active, powerful man. One day in May, 1888, he was coming down a flight of steps in his yard, carrying a tricycle along with another man. He slipped with his left knee bent, made a violent effort to recover himself, and felt something give way at the knee.

I saw him within two hours and found a clean-feeling, transverse fracture across the middle of the left patella with a deep fissure between the fragments into which I could put my finger. There was distinct crepitus when the fragments were brought together, but not much swelling or pain. The lower fragment was tilted a little forward. I had the limb placed in a long posterior splint with a footpiece, the splint, well padded, extending two-thirds up the thigh, and the whole limb raised at an obtuse angle from the body. The fragments of bone were as closely approximated as possible with strips of "Heft-band" plaster. The limb was bandaged into the splint and an arnica compress was applied to the front of the knee joint to counteract the local swelling, and symphytum 1x was given internally with the view of helping, if possible, osseous union. A Salter's cradle was shortly afterwards added from which the limb, with the foot well tilted upwards, was slung.

This condition was maintained for about five weeks, when the splint was removed, union at that time appearing to be good and close. The whole limb was then put up in a starch bandage; he was ordered crutches and a patten for the sound leg, by which means he was able to get about freely, the injured limb being carried extended and supported by a bandage from his neck.

Three months after the accident all apparatus had been removed. Shortly afterwards he was walking strongly without any sticks and had done ten miles in a day. He could stand on the leg or could raise it to a right angle with the body. He then returned to his usual occupation of teaching cycle-riding to ladies, in which his patella was able to bear the strain of quite unusual fatigue as he was a strong, muscular fellow and could ride over one hundred miles a day, or give lessons for five or six hours at a time.

Six years later, I have it noted, on examination the union is found firm, a slight depression being felt where the fragment was tilted. No stiffness or weakness in movement of the knee joint was perceptible. He could stand on that limb, raising himself on his toes, thus putting the muscles on full strain.

Fracture of the patella, according to Treves, forms 1·4 per cent. of all the fractures. It is most frequently caused by muscular action, not by direct violence, and hence is commonly met with in powerful men in the course of their work or at the moment of some special violent effort. In the act of walking, when the knee is bent, if a slip or stumble occurs, the patella, lying across the condyles of the femur, touching only at one small part and fixed by the muscular structures below, is acted upon strongly by the quadriceps extensor muscle in the effort made to recover the equilibrium, and may be snapped by lever action just as a stick is broken across the knee.

The fracture in this case is usually transverse and about the middle of the bone. The fragments are usually separated widely by the retraction of the quadriceps extensor muscle, and a gap remains into which the fascial structures of the patella capsule are apt to intrude and be caught, and this is probably the reason why union is usually ligamentous and not osseous. This is a point of great clinical importance, for if the fragments are allowed to separate, union by bone cannot take place; consequently, ligamentous union follows, and this is liable to yield, which is the reason why in some cases the after-usefulness of the joint is greatly impaired. Now this point should be carefully taught in instructing classes in "First Aid to the Injured." The accident is generally recognized by the sense of pain, the snap, and the separation of the fragments which occurs. If now either the patient or any intelligent bystander will grasp the two ends of the bone and hold them carefully and firmly together while the limb is fully extended until the surgeon with his apparatus can reach the patient, much after-trouble and deformity may be avoided. So also may be avoided the risk of the various complicated operations which have been proposed for wiring the bone, a simpler plan which is then possible giving an equally satisfactory result.

In this case where both patellæ were fractured at different times, though the after-result of the first was good as far as the usefulness and strength of the limb were concerned, yet the closer union attained in the last of the two fractures was in my opinion largely due to the skill and intelligence exercised by the patient himself. The moment the fracture occurred, of which he was at once aware, he grasped the two fragments of the bone and held them firmly and closely together, not relaxing his hold for a moment till I could reach him and apply a firm and sufficient retentive apparatus. Consequently nothing was allowed to get between the fragments, so that the union formed with scarcely perceptible lengthening of the bone.

The second accident, whereby my patient had the misfortune to fracture his right patella, occurred twelve and a half years after the former one, during all which interval he had led a very active life in which his left knee cap had served him well.

On 26th September, 1900, when leaving the bicycle track where he had been giving a lesson, he was about to vault over the rail when he suddenly felt a snap only too familiar to him, and instantly lost power in the right limb and fell to the ground. He was taken home on the ambulance stretcher, and when I saw him within two hours of his accident he was sat on the floor holding the fragments together as before stated. I found a simple transverse fracture across the middle of the bone giving distinct crepitus on movement, and there was some puffiness around from effusion into the soft parts. The limb was put into a long back splint as in the first instance. The fragments of the bone were kept closely applied by graduated strips of plaster overlapping each other and put on so as to draw down the upper fragment from above and to draw up the lower fragment from below. The strapping thus made a complete casing for the joint, fixing the patella firmly and surrounding the limb in front, laterally, and partially behind, the patella alone being left exposed in order to ascertain its correct co-adaptation.

The splint was kept raised at an angle of 45° from the bed and slung from a Salter's cradle. The whole limb was then bandaged firmly into the splint. Arnica 1x and symphytum 1x were given alternately every

three hours. The symphytum was continued for several weeks. The fragments were examined from time to time and found to keep in close and accurate position. During the third week he was allowed up on a couch, the position of the parts being maintained as when in bed. Nineteen days after the accident he was carried up the street by his friends of the ambulance corps to the polling booth to vote at the general election.

After five weeks' time the plaster was cut away from the knee. It had formed a dense, firm shell, and the skin mostly came away with it, requiring for a few days the application of Friar's balsam. In a week's time, when the skin was recovered, a special leather splint was put on which had been made under the patient's own superintendence at the carriage works. This was of leather and extended from the upper part of the thigh to the ankle, enclosing the whole limb. A paper pattern was first taken; it was then cut out in "basil" leather and then in good sole leather. The splint was then well softened in vinegar and water. G. E. happened fortunately to have a friend with a leg the counterpart of his own. The friend kindly lent his right leg for the purpose. Upon it the soft splint was carefully moulded and bandaged, and he sat before the kitchen fire the whole afternoon until it was thoroughly dry. The fit proved to be so accurate that anatomical landmarks were recognizable on the outside of the splint. It was secured by hooks and eyes, laced up outside a "fly" slip down the front, and it made a perfectly firm support for the leg in the fully extended position. By putting leather blocks under the left boot so as to raise the limb, he could let the right leg swing free, supported by a band from the neck, and so get about on crutches. The splint proved a great success; he was able safely to go for longish distances, and could do five miles on his crutches with ease.

In December the two knees were photographed by the "X rays." The fragments are seen to be closely approximated. Whether the patella fractured thirteen years ago has joined by bone or ligament it is not possible to say, but the line of fracture as shown by photograph is so faint that it suggests close approximation in the character of its structure to that of the rest of the bone. As to length, the right patella is exactly two inches in

vertical diameter, the left one just two and a quarter inches. For the next two months a short Arnold's knee-cap was worn. This was provided with a "knife blade" hinge which would allow for the first time of graduated bending of the joint, and by degrees he has thus been able to flex the limb in walking. By the end of January of this year, four months after his accident, he was going about with a stick, able to walk comfortably with a fair amount of flexion, and had entirely discarded all splints.

In conclusion, the result of the first fracture has been good, leaving little to be desired as to the usefulness of the limb. As to the second, it is as yet too soon to judge, but from the closer nature of the union we may hope for, at any rate, an equally satisfactory state of things. In treating cases of fractured bones I have usually, as in these instances, given symphytum internally as I believe that it makes for a stronger and more rapid union. Is it from this, the common comfrey, that our predecessors made their celebrated "boneset" tea?

TORQUAY, 1901.

[Read at a Meeting of the Western Counties Therapeutical Society at Torquay, May, 1901.]

THREE CLINICAL CASES.

By DR. CHAKRAVATI.

CASE I.—*Neuralgia of the Face and Sub-maxillary Nerves of the both sides.*

4th April, 1901.—Mr. Milter, aged 35 years, an employé in the East Indian Railway Department, called to consult me, suffering from severe neuralgia of the face and sub-maxillary nerves of both sides since last February. Had been to many allopaths as well as to some homœopaths, and the ordinary remedies, such as bell., cham., cedron, china, kali-bich., glon., etc., failed to

give any relief. The pains he experienced were tearing, lancinating and pulsating in character; worse in the evening, after eating, in fresh and cold air and from the least mental exertion. The pains are so unbearable at times that he would feel perfectly discouraged—cry and throw himself about. The colour of the face was livid with cold perspiration on the head. Excessive hyperæsthesia was present, and a slight touch would greatly provoke the pains.

Prescribed guaphyllum 30th, one dose every twenty-four hours.

28th April.—Reported by a letter that after taking the medicine for a week the pains seemed to trouble him less, and from last Friday they have entirely vanished.

CASE II.—*Giddiness and Vertical Hemiopia.*

A patient, named Ramkissen, an up-countryman, aged about 40 years, robust and rough, first seen at my dispensary on the 3rd May, 1901, suffering from giddiness and vertical hemiopia with the following symptoms: Reeling dizziness the whole day as if from intoxication, especially in the morning, in the open air, when getting up, or from rising when sitting; staggers when walking, with a sensation as if the front half of the brain whirled round in a circle; vertical hemiopia, objects half invisible; other functions of the body well.

Prescribed titanium in small doses of the mother tincture once in the morning.

10th May, 1901.—Great improvement, the dizziness nearly gone, could walk steadily without any unpleasant feeling.

Continued titanium, a dose every other day.

26th May, 1901.—Perfectly cured; general health further improved.

CASE III.—*Spasmodic Dysmenorrhœa.*

A female adult, of about 18 years, of fair complexion, with fatty and flabby muscles, was seen on the 27th February, 1899, suffering from spasmodic dysmenorrhœa for the last two years with the following history: Colic before the menses, with excessive languor, constipation, loss of appetite, burning thirst, headache; fulness of the brain and bowels with severe pain through the whole

head, causing stupor and dull sleep ; dragging and pressing down pains in the uterus ; pain in the back as if broken ; discharge very scanty, thick, almost black, in strings and clots ; restlessness and nervous irritation, oppressed and rapid respiration, and depression of spirits were present. The pain is ameliorated only by a thorough establishment of menses.

Prescribed cerium oxalate 30th, once in the morning.

29th March, 1899.—Reported great improvement, the pain and the other symptoms less, the bowels less costive since taking the medicine, appetite better. Continued cerium, a dose every other day.

30th April, 1899.—No pains or other troubles this time.

Cerium was continued for some time longer, and the pains had no relapse since then.

The characteristic features which led me to choose cerium oxalate were that the "patient was fleshy, flabby and robust, with scanty discharges, pains ameliorated by a thorough establishment of menses," as given by Dr. Allen amongst its symptoms in his provings of the drug.

92, CORNWALLIS STREET, CALCUTTA.

THE HOMŒOPATHIC PHARMACEUTIC ASSOCIATION OF GREAT BRITAIN.

By D. DYCE BROWN, M.A., M.D.,

Consulting Physician to the London Homœopathic Hospital.

As many of the readers of the *Review* may not have an opportunity of seeing the Report of the Annual Meeting of this excellent and flourishing association, which was held this year in Glasgow, in the Exhibition Buildings, on the 5th of June, I think it well to direct the attention of our colleagues to the able speech of the treasurer, Mr. J. C. Thompson, F.L.S., as reported in the Transactions of the Association. After a paper had been read by Mr. Foster, of Scarborough, on "Compressed

tablets of homœopathic medicines and suitable machines for their production on a small and large scale," "Mr. Thompson stated that several members had mentioned to him that some of the doctors had from time to time urged the desirability of the alteration of their designation from 'homœopathic chemists' to that of 'dispensing chemists.'

"This subject led to considerable discussion, and the opinion was arrived at that this would simply mean the voluntary surrender of all that had been hitherto contended for.

"Mr. Thompson, continuing, said: It was really just as necessary now as at any earlier period to demand recognition of the advantages of the therapeutic method distinguished as the 'homœopathic,' differing both in aim and results, as it does, from all other methods for the cure and alleviation of disease. If medical men should weakly consent to throw up the sponge it would devolve upon pharmacists to keep the lamp of truth alight for the benefit of those who have discovered the advantages of homœopathic medication. The great superiority of treatment of disease by homœopathic remedial measures, though the contrast is not quite so manifest to-day as it was in the old and almost forgotten days of a past generation, is yet quite sufficient to demand the serious attention and support of an enlightened and reflective public.

"Even should reactionists in this country succeed in stamping out the name of Hahnemann's immortal discovery in England, Americans, who are much more alive in appreciation of its advantages, would continue to uphold both the name and fame of homœopathy, and would point scornfully at the degenerate descendants of the fearless and intellectual men who in spite of all opposition, and in the teeth of the fiercest persecution, confessed their faith and faithfully practised the homœopathic method of treatment. As for the chemists, perhaps no more cunning scheme could be devised than that of persuading them to discontinue the name 'homœopathic.' 'Surely an enemy hath done this.'

"After hearing the members express their disapproval and great contempt for such an unreasonable proposition, the president said that at a future meeting, when the subject had been thoroughly thought over by the members, a further expression of opinion would be brought before the Society."

Such a pronouncement coming from the Homœopathic Pharmaceutical Association of Great Britain is a very important one, and is a remarkable commentary on the mistaken tactics (to my mind) of a certain number of doctors of our school who succeeded a few years ago in boycotting the *Homœopathic Directory* by withdrawing their names from

it, so that the *Directory* which had been published for many years had to be given up in consequence. And although the Homœopathic Publishing Company stepped into the gap and brought out a new one, yet it is far from complete as a list of homœopathic practitioners, not from the fault of the editor or publisher, but simply from the absence of the names of a considerable number of our colleagues who refuse to give them. The idea of these tactics was a belief that if we ceased to publish a *Directory* the old school could have no longer any ground for saying that we took up a sectarian position and called ourselves homœopaths, and that there and then the last and feeblest of the excuses they gave for declining to associate with us professionally would be removed. To outsiders this course of action seemed, and still seems, rather of a weak-kneed type. But so it is now, and yet there is no evidence that this course of action has had the smallest effect in placating the old school. The charge of sectarianism urged against us as a reason for non-association with us was a mere excuse, which, however, answered the purpose sufficiently well, and if they had not this excuse some other would have to be admitted. Most of the old school in all probability did not know of the existence of the *Directory*, and consequently are in happy ignorance that it was boycotted to please them, and so matters remain *in statu quo* as far as they are concerned. Nothing an opponent admires and respects so much as independence and moral courage, and *vice versa*. No doubt a reaction will take place, and is, in fact, already beginning, and a complete *Directory* will again be published. The deliverance of the Homœopathic Pharmaceutic Association of Great Britain ought to aid the development of this reaction. Of course, Mr. Thompson and the other speakers were careful not to go beyond their own sphere by expressing an opinion one way or the other on the action of the homœopathic doctors, but the attempt to induce them to cease to call themselves "homœopathic chemists" by dropping the word "homœopathic" is analogous to the attempt to boycott the *Directory*, which attempt was, unfortunately, successful, and I am truly glad to find how the attempt on the chemists has failed, and that they were more far-seeing than the doctors as to the effect of such a lowering of their flag. There is evidently plenty of backbone in the chemists, and I thank them warmly for their courage in expressing their opinions and in standing to their guns. They set an excellent object lesson for the doctors to study.

REVIEWS.

Characteristics of the Homœopathic Materia Medica. By M. E. DOUGLASS, M.D., Associate Professor of Materia Medica, and Lecturer on Dermatology and Neurology in the Southern Homœopathic Medical College of Baltimore. New York: Boericke & Runyon Co., 1901.

WE always welcome new works on the Homœopathic Materia Medica, when there is anything really original in them, or when the elucidations of drug-action on the author's part are helpful or of real value, but many of such works amount to little more than "boiling down" of the materia medica, and are of little help or value. The chief symptoms are given, and the more characteristic ones are printed in italics, and there is practically the end of them. And this book of Dr. Douglass' is no exception to the rule. In his preface he says, "In the preface to 'Hering's Condensed Materia Medica,' the following words occur: 'and the harvest season is not yet over.'" We quite agree with Dr. Hering, but fail to see what further harvest Dr. Douglass has gathered. He also adds, "Great care has been exercised to retain only the most characteristic indications of the various drugs—symptoms that the author has himself verified in a practice of over twenty years, or which have been reported as verified by trustworthy physicians." Which are the author's personal verifications we are not informed by any signs, and it is just these we should have been glad to see "hall-marked," and it would also have been much more to the purpose had he given us elucidations of the *genius* of each drug, as deduced from his twenty years' experience, but this is conspicuous by its absence, and where general remarks of this kind are given, we cannot always agree with them. Thus, turning to our old friend Aconite, we find a fairly good summary of its therapeutic sphere; he says of it, "Mental distress is exceedingly characteristic; it is produced by all doses, in all cases of poisoning, in all provings, and even in experiments on animals; this peculiar anxiety distinguishes aconite from all other drugs." Further on he says, "The aconite fever is sthenic in type and for the most part not remittent, though the aggravation towards evening is decided. The never-failing characteristic is the *mental anguish*, without which aconite is useless." This last statement we object to, and it goes against the experience of all homœopaths. No doubt, if the mental anguish is present, it clearly indicates aconite, but to say that without it aconite is useless is too much. How often has aconite cut short, or reduced quickly, fever, when the mental anguish was not present! Such a statement if accepted, would greatly reduce

the well-known sphere of aconite cure, and is calculated to make one pause before accepting Dr. Douglass' statements on other drugs. Then again, turning to *Actæa*, which follows aconite in his list, this article gives a student who wishes to understand the drug no conception of its immense value, and its remarkable sphere of action. Of course we get the symptoms boiled down as usual, and in the schema form, but all besides this is as follows, "*Cimicifuga* (why change the name here for the first time from *actæa racemosa*, which heads the paragraph?) may be used in *dysmenorrhœa*, with labour-like pains in the uterus; weight and bearing down in the abdomen; colicky pains; tenderness of the hypogastric region; heavy ache low down in the back and in the hips, thighs and limbs; rheumatic diathesis, or with a sick headache history and a tendency to prolapse. It is indicated in labour, when the pains resemble a rheumatic pain rather than a true expulsive uterine contraction; they shift about constantly or seem concentrated in the back; there may be rigidity of the os uteri and a tendency to spasms. In *amenorrhœa*, with rheumatic pains in the limbs, headache, nervous excitement, peevishness, irritability." Now this is all very true, but we can find the same in dozens of works on the materia medica, and is really of no use to the enquiring student in pointing out the great sphere of the drug, and so enabling him to get a clue to the whole and unique *genius* of the drug, and to his consequent appreciation of the relation of the symptoms to the whole state of illness. Once more, turn to *chloral hydrate*. Its symptoms occupy about a third of a page. In its provings, a very remarkable action is developed on the skin, producing a variety of eruptions, sometimes like erythema, sometimes resembling measles, or scarlatina, but, most marked of all, nettle-rash; and conversely, in therapeutics, chloral has been proved to be one of our most valuable remedies in nettle-rash. Dr. Douglass, however, has the following only, "*Skin. Purpura hæmorrhagica.*"

We regret that we cannot speak more enthusiastically of this latest contribution to the study of the materia medica, but we must be honest, however disagreeable.

Mental Diseases and their Modern Treatment. By SELDEN HAINES TALCOTT, A.M., M.D., Ph.D., Medical Superintendent of the Middletown State Homœopathic Hospital in Middletown, N.Y.; Professor of Mental Diseases in the New York Homœopathic Medical College and Hospital. New York: Boericke & Runyon Co. 1901.

WE have much pleasure in drawing the attention of our colleagues to this excellent work. Dr. Talcott's name is so well known in connection with mental work and by his success in treatment of mental cases that we welcome anything from his pen, feeling sure of receiving instruction. This work consists of a series of ten lectures with a "Compendium of *Materia Medica*" of the drugs useful in various forms of mental diseases, and they will amply repay reading and study. The preface, which we quote entire, gives a better idea of the aim of the work than anything we can write. Dr. Talcott says: "During the past twenty-five years I have been engaged in the practical work of ministering to the needs of the insane. This work has resulted in a gradual development of that form of treatment which has been designated as 'The Hospital Idea.' In other words, the asylum has given place to the hospital in the protection and restoration of mental invalids. The fact is now generally recognized that the insane man is a sick man and needs for his comfort and cure the application of such means as are ordinarily used for the benefit of the sick in a modern general hospital. Acting under this belief, our patients have been favoured with such treatment as may be best exemplified by skilled physicians, trained nurses, and hospital methods and appliances. At the Middletown State Homœopathic Hospital there have been afforded not only hospital measures for the recuperation of the mentally sick, but the indicated homœopathic remedy has been applied with conscientious fidelity in each case. Individualization, and hospitalization, and homœopathic treatment have been the methods pursued in the institutions under my charge during the last quarter of a century. . . . This work is not an exhaustive treatise upon insanity. It consists simply of a few blaze-marks guiding the way through the wilderness of mental disorder and into the sunny fields of health."

This "Hospital Idea" with careful homœopathic treatment is the key to the whole book. After a lecture on the Brain comes an excellent one on the "Insane Diathesis," and then a valuable lecture on Insomnia with its treatment. In it we observe with pleasure that Dr. Talcott is able to say: "In our treatment of more than 5,000 insane persons, many of whom have suffered from insomnia, we have never felt obliged to use old school remedies in old school doses"; and again, "We should give up over-mastering hypnotics and use homœopathic remedies instead. We should banish morphine from the bedroom of the sleepless and introduce hot milk instead." He then gives the remedies with their indications clearly stated that are of most service, and the doses which Dr. Talcott finds most useful we commend specially to the notice of those who are in the habit of using crude doses for insomnia. He says, "We

prescribe them in accordance with the 'totality of symptoms' and according to the methods laid down by Samuel Hahnemann. The application of these homoeopathic remedies affords, we believe, the best results in the long run, and they leave the patient at the end of a course of treatment without injury or damage. We give drop doses once in from one to four hours, according to the severity of the symptoms; and we use the third, sixth, twelfth and higher potencies. Sometimes we begin with the third decimal, and sometimes with the third centesimal, and go up accordingly." This is quite refreshing, and such statements from a man of Dr. Talcott's experience and standing are well worth noting and thinking over.

The next five lectures are occupied with a classification of the different forms of insanity and a description of each. These descriptions are excellent reading; they are graphically written, with cases in illustration, and are well worth careful study. Lecture IX. takes up the general treatment, that is, non-medicinal, including diet, rest in bed (on which Dr. Talcott rightly lays great stress), exercises, amusement and moral hygiene. This lecture is also admirable, and so is the next on the details of hospital construction and on medical treatment. The portion on medical (therapeutic) treatment is most graphic. The action and sphere of the leading remedies are given in a series of clearly-painted pictures which will be of the greatest use to the practitioner in the selection of the appropriate remedy. Had we sufficient space we should have liked to make a long extract from this chapter to illustrate Dr. Talcott's graphic writing, but we only give one short one as a sample. It refers to *Cantharis*, a remedy whose virtues in certain cases of insanity are perhaps not so well known as they should be. "When there is great sexual excitement in mania it may be relieved by the use of *cantharis*. The *cantharis* patient has frenzied paroxysms of an exalted type like *belladonna*. The victim of this remedy bites, and screams, and tears his hair, and howls like a dog. As an invariable accompaniment there is also great excitement of the sexual organism. In this latter respect *cantharis* resembles *hyoscyamus* and *veratrum album*, but these latter drugs commingle the psychical with the physical, the *hyoscyamus* patient displaying lively fancies in connection with erotic diseases, and the *veratrum album* patient uniting religious sentiment with lustful tendencies; but the *cantharis* patient, on the other hand, is strictly and solely the embodiment of lechery for lechery's sake. This is a result of an intense erethism and inflammation of the sexual organs, compelling the victim to seek immediate physical gratification." Lastly comes an excellent "compendium" of the various remedies required, giving their symptomatology more fully, but still

"compended," for we see at a glance the main indications of each drug.

The work as a whole is a masterly one and evidently the result of the writer's long experience and patient observation and individualization. We warmly commend it to our colleagues, though not specialists in insanity, and feel sure that when a case occurs in practice it will be found to be an immense help in difficult cases.

NOTABILIA.

POISONING BY COCAINE.

THE following case is reported by Dr. Kenneth Fraser, junior house-surgeon to the Royal Albert Edward Infirmary, Wigan, in the *Lancet* (July 20th):—

"A woman, aged 59 years, was admitted on March 11th, 1901, to the Royal Albert Edward Infirmary, Wigan, suffering from rodent ulcer situated above, and to the outer side of, the right orbit. She had been operated on about a year previously, when a portion of the frontal bone had been trephined. On the present occasion she was considered to be beyond operative treatment. On the 21st formalin (40 per cent.) was applied to the surface of the ulcer, causing great pain. On the 23rd, previously to the application of the formalin, the affected part was sprayed with 10 per cent. of cocaine. She was sprayed twice a day. On the evening of the 25th the patient became quiet, spoke in a dazed manner, and answered questions after some hesitation; she then became irritable, lying with her head buried in the pillow, and soon drifted into unconsciousness. The pulse was rapid, full, and of high pressure. The respirations became laboured, irregular, and of the Cheyne-Stokes character. Convulsive clonic spasms passed over the whole of the body, beginning with the muscles of the mouth. Then the patient broke out into a cold perspiration and saliva ran freely from her mouth. The face was pale. The pupils were normal in size and reacted to light. There was no change in the temperature. On artificial respiration being tried the arms could not be raised above the level of the shoulders. Brandy was administered and five minims of nitrite of amyl were given and also inhalations of oxygen. Boric fomentations were applied to the affected part half-hourly. In the course of three hours the patient regained consciousness and dropped into a peaceful slumber. The following morning she felt quite

well but did not remember anything of the previous night. She had received in all about five grains of cocaine. I am indebted to Mr. Berry, under whose care the case was admitted, for permission to publish these notes."

PHOSPHORUS NECROSIS.

MR. F. W. Dearden, of Manchester, read an interesting paper on this subject at the recent annual meeting of the British Medical Association. "According to one school," says a report in the *Medical Press and Circular* (August 14th), "the fumes of the lower oxide of phosphorus given off from the moist phosphorus paste, in the course of manufacturing matches for use on the Continent, exercise an influence that is purely local. In the opinion of another body of thinkers the maxillary necrosis is a local manifestation of a general disturbance of the system. Mr. Dearden has very skilfully worked out his reasons for partially accepting both these views. He adopts, in fact, the commercial method of 'splitting the difference.' It certainly seems clear that the possession of carious teeth is a necessary factor in exciting the acute local necrosis, but it is equally certain that phosphorus fumes exert no specific action on exposed bone or periosteum. There must be some systematic predisposing influence from a primary infection of the tissues acting as a necessary adjunct to the local excitation. This explanation places the local irritation as the actual exciting cause in quite a secondary position. This contention is borne out by the comparative frequency of the occurrence of spontaneous fractures of the long bones in match-makers of many years' standing, and the brittle condition of the bone assuredly accounts in some degree for the low resisting power of the jaw to local inflammatory injury. Further, the bone of a match-maker and healthy bone show a distinct difference in the relative proportions of phosphoric acid to lime, and this also is observed in cases of 'phossy jaw.' By the aid of the X-rays it can be demonstrated that bone formed in young people working at phosphorus processes during the growing period is much denser in character than it would otherwise be. We quite agree with Mr. Dearden in his conclusion that certain changes do take place in bone tissue as a result of inhaling phosphorus fumes for long periods, and that it is reasonable to account for 'phossy jaw' by local irritation through a carious tooth acting on bone already damaged as the result of a general infection."

This view of phosphorus necrosis is a useful pendant to the

view lately promulgated by Lévai,¹ of Buda Pesth, who has demonstrated thrombosis of the arteries supplying the maxillæ. The theory, which includes an external absorbent factor as well as a profound blood-change, helps to explain the different behaviour of the long bones, which escape necrosis though they develop a predisposition to fracture.

THE HYPODERMIC INJECTION OF CARBOLIC ACID IN TETANUS.

NIETERT and AMYX (*St. Louis Med. Rev.*, December, 1899) record four cases of tetanus treated by the injection of a 2 per cent. solution of carbolic acid under the skin in the neighbourhood of the wound. The three former died and the last, in which larger doses of the drug were used, recovered. The first was given $21\frac{1}{2}$ grs. in three and a half days, the second $11\frac{3}{4}$ grs. in thirty hours fifteen minutes, the third 8 grs. in sixteen hours, and the last 267 grs. in eight days, 99 grs. of which were given in the first twenty-four hours without producing untoward effects of any kind. In each case potassium bromide and chloral were given simultaneously in large doses. The authors explain the freedom from ill results of the injection of so large quantities of carbolic acid on the hypothesis that the toxins of the tetanus bacillus and the carbolic acid neutralise each other.—(*British Med. Journal* Epitome).

The report of these cases lends some colour to the view, largely held in the United States, that the virtues of various anti-toxins lie in the carbolic acid added to them for purposes of preservation.

AN ADDRESS ON THE COMBATING OF TUBERCULOSIS IN THE LIGHT OF THE EXPERIENCE THAT HAS BEEN GAINED IN THE SUCCESSFUL COMBATING OF OTHER INFECTIOUS DISEASES.²

THE task with which this Congress will have to busy itself is one of the most difficult, but it is also one in which labour is most sure of its reward. I need not point again to the innumerable victims tuberculosis annually claims in all countries, nor

¹ See *Monthly Homœopathic Review*, vol. 44, p. 686.

² Delivered at the Second General Meeting of the British Congress on Tuberculosis on July 23rd, by Geh.-Med.-Rath Professor Dr. Robert Koch, Director of the Institution for Infectious Diseases, Berlin, and Member of the Imperial Sanitary Board.

to the boundless misery it brings on the families it attacks. You all know that there is no disease which inflicts such deep wounds on mankind as this. All the greater, however, would be the general joy and satisfaction if the efforts that are being made to rid mankind of this enemy, which consumes its inmost marrow, were crowned with success. There are many, indeed, who doubt the possibility of successfully combating this disease, which has existed for thousands of years and has spread all over the world. This is by no means my opinion. This is a conflict into which we may enter with a surely-founded prospect of success, and I will tell you the reasons on which I base this conviction. Only a few decades ago the real nature of tuberculosis was unknown to us; it was regarded as a consequence, as the expression, so to speak, of social misery, and, as this supposed cause could not be got rid of by simple means, people relied on the probable gradual improvement of social conditions and did nothing. All this is altered now. We know that social misery does indeed go far to foster tuberculosis, but the real cause of the disease is a parasite—that is, a visible and palpable enemy which we can pursue and annihilate just as we can pursue and annihilate other parasitic enemies of mankind.

Strictly speaking, the fact that tuberculosis is a preventible disease ought to have become clear as soon as the tubercle bacillus was discovered and the properties of this parasite and the manner of its transmission became known. I may add that I, for my part, was aware of the full significance of this discovery from the first, and so will everybody have been who had convinced himself of the causal relation between tuberculosis and the tubercle bacillus. But the strength of a small number of medical men was inadequate to the conflict with a disease so deeply rooted in our habits and customs. Such a conflict requires the co-operation of many, if possible of all, medical men, shoulder to shoulder with the State and the whole population; and now the moment when such co-operation is possible seems to have come. I suppose there is hardly any medical man now who denies the parasitic nature of tuberculosis, and among the non-medical public, too, the knowledge of the nature of the disease has been widely propagated. Another favourable circumstance is that success has recently been achieved in the combating of several parasitic diseases and that we have learned from these examples how the conflict with pestilences is to be carried on. The most important lesson we have learned from the said experience is that it is a great blunder to treat pestilences according to a general scheme. This was done in former times. No matter whether the pestilence in question was cholera, plague, or leprosy, isolation, quarantine,

useless disinfection were always resorted to. But now we know that every disease must be treated according to its own special individuality and that the measures to be taken against it must be most accurately adapted to its special nature, to its etiology. We are entitled to hope for success in combating tuberculosis only if we keep this lesson constantly in view. As so extremely much depends just on this point I shall take the liberty to illustrate it by several examples.

The pestilence which is at this moment in the foreground of interest, the bubonic plague, may be instructive to us in several respects. People used to act upon the conviction that a plague patient was in the highest degree a centre of infection, and that the disease was transmitted only by plague patients and their belongings. Even the most recent international agreements are based on this conviction. Although, as compared with formerly, we now have the great advantage that we can, with the aid of the microscope and of experiments on animals, recognise every case of plague with absolute certainty, and although the prescribed inspection of ships, quarantine, the isolation of patients, the disinfection of infected dwellings and ships, are carried out with the utmost care, the plague has, nevertheless, been transmitted everywhere, and has in not a few places assumed grave dimensions. Why this has happened we know very well, owing to the experience quite recently gained as to the manner in which the plague is transmitted. It has been discovered that only those plague patients who suffer from plague-pneumonia—a condition which is fortunately infrequent—are centres of infection, and that the real transmitters of the plague are the rats. There is no longer any doubt that in by far the majority of the cases in which the plague has been transmitted by ocean traffic the transmission took place by means of plague among the ship rats. It has also been found that wherever the rats were intentionally or unintentionally exterminated the plague rapidly disappeared; whereas at other places where too little attention had been paid to the rat plague the pestilence continued. This connection between the human plague and the rat plague was totally unknown before, so that no blame attaches to those who devised the measures now in force against the plague if the said measures have proved unavailing. It is high time, however, that this enlarged knowledge of the etiology of the plague should be utilised in international as well as in other traffic. As the human plague is so dependent on the rat plague it is intelligible that protective inoculation and the application of antitoxic serum have had so little effect. A certain number of human beings may have been saved from the disease by that, but the general spread of the pestilence has not been hindered in the least.

With cholera the case is essentially different ; it may under certain circumstances be transmitted directly from human beings to other human beings, but its main and most dangerous propagator is water ; and therefore in the combating of cholera water is the first thing to be considered. In Germany, where this principle has been acted on, we have succeeded for four years in regularly exterminating the pestilence (which was introduced again and again from the infected neighbouring countries) without any obstruction of traffic.

Hydrophobia, too, is not void of instruction for us. Against this disease the so-called protective inoculation proper has proved eminently effective as a means of preventing the outbreak of the disease in persons already infected, but of course such a measure can do nothing to prevent infection itself. The only real way of combating this pestilence is by compulsory muzzling. In this matter also we have had the most satisfactory experience in Germany, but we have at the same time seen that the total extermination of the pestilence can be achieved only by international measures, because hydrophobia, which can be very easily and rapidly suppressed, is always introduced again year after year from the neighbouring countries.

Permit me to mention only one other disease, because it is etiologically very closely akin to tuberculosis, and we can learn not a little for the furtherance of our aims from its successful combating. I mean leprosy. It is caused by a parasite which greatly resembles the tubercle bacillus. Just like tuberculosis, it does not break out till long after infection and its course is almost slower. It is transmitted only from person to person, but only when they come into close contact, as in small dwellings and bedrooms. In this disease, accordingly, immediate transmission plays the main part ; transmission by animals, water, or the like is out of the question. The combative measures, accordingly, must be directed against this close intercourse between the sick and the healthy. The only way to prevent this intercourse is to isolate the patients. This was most rigorously done in the Middle Ages by means of numerous leper-houses, and the consequence was that leprosy, which had spread to an alarming extent, was completely stamped out in Central Europe. The same method has been adopted quite recently in Norway, where the segregation of lepers has been ordered by a special law. But it is extremely interesting to see how this law is carried out. It has been found that it is not at all necessary to execute it strictly, for the segregation of only the worst cases, and even of only a part of these, sufficed to produce a diminution of leprosy. Only so many infectious cases had to be sent to the leper-houses that the number of fresh cases kept regularly diminishing from year to year. Consequently the stamping-out

of the disease has lasted much longer than it would have lasted if every leper had been inexorably consigned to a leper-house, as in the Middle Ages, but in this way, too, the same purpose is gained, slowly indeed, but without any harshness.

These examples may suffice to show what I am driving at, which is to point out that in combating pestilences we must strike at the root of the evil and must not squander force in subordinate ineffective measures. Now the question is whether what has hitherto been done and what is about to be done against tuberculosis really strikes at the root of tuberculosis so that it must sooner or later die. In order to answer this question it is necessary first and foremost to inquire how infection takes place in tuberculosis. Of course, I presuppose that we understand by tuberculosis only those morbid conditions which are caused by the tubercle bacillus. In by far the majority of cases of tuberculosis the disease has its seat in the lungs, and has also begun there. From this fact it is justly concluded that the germs of the disease—i.e., the tubercle bacilli—must have got into the lungs by inhalation. As to the question where the inhaled tubercle bacilli have come from, there is also no doubt. On the contrary, we know with certainty that they get into the air with the sputum of consumptive patients. This sputum, especially in advanced stages of the disease, almost always contains tubercle bacilli, sometimes in incredible quantities. By coughing and even speaking it is flung into the air in little drops—i.e., in a moist condition—and can at once infect persons who happen to be near the coughers. But then it may also be pulverised when dry, in the linen or on the floor for instance, and get into the air in the form of dust. In this manner a complete circle, a so-called *circulus vitiosus*, has been formed for the process of infection from the diseased lung, which produces phlegm and pus containing tubercle bacilli, to the formation of moist and dry particles (which in virtue of their smallness can keep floating a good while in the air), and finally to new infection if particles penetrate with the air into a healthy lung and originate the disease anew. But the tubercle bacilli may get to other organs of the body in the same way and thus originate other forms of tuberculosis. This, however, is a considerably rarer case. The sputum of consumptive people, then, is to be regarded as the main source of the infection of tuberculosis. On this point, I suppose, all are agreed. The question now arises whether there are not other sources, too, copious enough to demand consideration in the combating of tuberculosis.

Great importance used to be attached to the hereditary transmission of tuberculosis. Now, however, it has been demonstrated by thorough investigation that though hereditary

tuberculosis is not absolutely non-existent it is nevertheless extremely rare, and we are at liberty in considering our practical measures to leave this form of origination entirely out of account. But another possibility of tuberculous infection exists, as is generally assumed, in the transmission of the germs of the disease from tuberculous animals to man. This manner of infection is generally regarded nowadays as proved and as so frequent that it is even looked upon by not a few as the most important, and the most rigorous measures are demanded against it. In this Congress also the discussion of the danger with which the tuberculosis of animals threatens man will play an important part. Now, as my investigations have led me to form an opinion deviating from that which is generally accepted, I beg your permission, in consideration of the great importance of this question, to discuss it a little more thoroughly.

Genuine tuberculosis has hitherto been observed in almost all domestic animals, and most frequently in poultry and cattle. The tuberculosis of poultry, however, differs so much from human tuberculosis that we may leave it out of account as a possible source of infection for man. So, strictly speaking, the only kind of tuberculosis remaining to be considered is the tuberculosis of cattle which, if really transferable to man, would indeed have frequent opportunities of infecting human beings through the drinking of the milk and the eating of the flesh of diseased animals. Even in my first circumstantial publication on the etiology of tuberculosis I expressed myself regarding the identity of human tuberculosis and bovine tuberculosis with reserve. Proved facts which would have enabled me sharply to distinguish these two forms of the disease were not then at my disposal, but sure proofs of their absolute identity were equally undiscoverable, and I therefore had to leave this question undecided. In order to decide it I have repeatedly resumed the investigations relating to it, but so long as I experimented on small animals, such as rabbits and guinea pigs, I failed to arrive at any satisfactory result, though indications which rendered the difference of the two forms of tuberculosis probable were not wanting. Not till the complaisance of the Ministry of Agriculture enabled me to experiment on cattle, the only animals really suitable for these investigations, did I arrive at absolutely conclusive results. Of the experiments which I have carried out during the last two years along with Professor Schütz, of the Veterinary College in Berlin, I will tell you briefly some of the most important.

A number of young cattle which had stood the tuberculin test, and might therefore be regarded as free from tuberculosis, were infected in various ways with tubercle bacilli taken from cases of human tuberculosis; some of them got the tuberculous

sputum of consumptive patients direct. In some cases the tubercle bacillus or the sputum was injected under the skin, in others into the peritoneal cavity, in others into the jugular vein. Six animals were fed with tuberculous sputum almost daily for seven or eight months; four repeatedly inhaled great quantities of bacilli, which were distributed in water and scattered with it in the form of spray. None of these cattle (there were nineteen of them) showed any symptoms of disease and they gained considerably in weight. From six to eight months after the beginning of the experiments they were killed. In their internal organs not a trace of tuberculosis was found. Only at the places where the injections had been made small suppurative foci had formed, in which few tubercle bacilli could be found. This is exactly what is found when dead tubercle bacilli are injected under the skin of animals liable to contagion. So the animals we experimented on were affected by the living bacilli of human tuberculosis exactly as they would have been by dead ones; they were absolutely insusceptible to them. The result was utterly different, however, when the same experiment was made on cattle free from tuberculosis with tubercle bacilli that came from the lungs of an animal suffering from bovine tuberculosis. After an incubation period of about a week the severest tuberculous disorders of the internal organs broke out in all the infected animals. It was all one whether the infecting matter had been injected only under the skin or into the peritoneal cavity or the vascular system. High fever set in and the animals became weak and lean; some of them died after from one and a half to two months; others were killed in a miserably sick condition after three months. After death extensive tuberculous infiltrations were found at the place where the injections had been made and in the neighbouring lymphatic glands, and also far-advanced alterations of the internal organs, especially of the lungs and the spleen. In the cases in which the injection had been made into the peritoneal cavity the tuberculous growths which are so characteristic of bovine tuberculosis were found on the omentum and peritoneum. In short, the cattle proved just as susceptible to infection by the bacillus of bovine tuberculosis as they had proved insusceptible to infection by the bacillus of human tuberculosis. I wish only to add that preparations of the organs of the cattle which were artificially infected with bovine tuberculosis in these experiments are exhibited in the museum of pathology and bacteriology.

An almost equally striking distinction between human and bovine tuberculosis was brought to light by a feeding experiment with swine. Six young swine were fed daily for three months with the tuberculous sputum of consumptive patients. Six

other swine received bacilli of bovine tuberculosis with their food daily for the same period. The animals that were fed with sputum remained healthy and grew lustily, whereas those that were fed with the bacilli of bovine tuberculosis soon became sickly, were stunted in their growth, and half of them died. After three and a half months the surviving swine were all killed and examined. Among the animals that had been fed with sputum no trace of tuberculosis was found, except here and there little nodules in the lymphatic glands of the neck and in one case a few grey nodules in the lungs. The animals, on the other hand, which had eaten bacilli of bovine tuberculosis had without exception (just as in the cattle experiment) severe tuberculous diseases, especially tuberculous infiltration of the greatly enlarged lymphatic glands of the neck and of the mesenteric glands, and also extensive tuberculosis of the lungs and the spleen.

The difference between human and bovine tuberculosis appeared not less strikingly in a similar experiment with asses, sheep, and goats, into whose vascular systems the two kinds of tubercle bacilli were injected.

Our experiments, I must add, are not the only ones that have led to this result. If one studies the older literature of the subject, and collates the reports of the numerous experiments that were made in former times by Chauveau, Günther and Harms, Bollinger and others, who fed calves, swine, and goats with tuberculous material, one finds that the animals that were fed with the milk and pieces of the lungs of tuberculous cattle always fell ill of tuberculosis, whereas those that were fed with human material did not. Comparative investigations regarding human and bovine tuberculosis have been made very recently in North America by Smith, Dinwiddie, Frothingham, and Repp, and their result agreed with that of ours. The unambiguous and absolutely conclusive result of our experiments is due to the fact that we chose methods of infection which excluded all sources of error, and carefully avoided everything connected with the stalling, feeding, and tending of the animals that might have a disturbing effect on the experiments. Considering all these facts, I feel justified in maintaining that human tuberculosis differs from bovine and cannot be transmitted to cattle. It seems to me very desirable, however, that these experiments should be repeated elsewhere in order that all doubt as to the correctness of my assertion may be removed. I wish only to add that, owing to the great importance of this matter our Government has resolved to appoint a commission to make further inquiries on the subject.

But, now, how is it with the susceptibility of man to bovine

tuberculosis? This question is far more important to us than that of the susceptibility of cattle to human tuberculosis, highly important as that is too. It is impossible to give this question a direct answer, because, of course, the experimental investigation of it with human beings is out of the question. Indirectly, however, we can try to approach it. It is well known that the milk and butter consumed in great cities very often contain large quantities of the bacilli of bovine tuberculosis in a living condition, as the numerous infection-experiments with such dairy products on animals have proved. Most of the inhabitants of such cities daily consume such living and perfectly virulent bacilli of bovine tuberculosis, and unintentionally carry out the experiment which we are not at liberty to make. If the bacilli of bovine tuberculosis were able to infect human beings, many cases of tuberculosis caused by the consumption of alimenta containing tubercle bacilli could not but occur among the inhabitants of great cities, especially the children. And most medical men believe that this is actually the case. In reality, however, it is not so. That a case of tuberculosis has been caused by alimenta can be assumed with certainty only when the intestine suffers first—i.e., when a so-called primary tuberculosis of the intestines is found. But such cases are extremely rare. Among many cases of tuberculosis examined after death I myself remember having seen primary tuberculosis of the intestine only twice. Among the great post-mortem material of the Charité Hospital in Berlin, ten cases of primary tuberculosis of the intestine occurred in five years. Among 933 cases of tuberculosis in Children at the Emperor Frederick's Hospital for Children, Baginsky never found tuberculosis of the intestine without simultaneous disease of the lungs and the bronchial glands. Among 3,104 post-mortem examinations of tuberculous children, Biedert observed only sixteen cases of primary tuberculosis of the intestine. I could cite from the literature of the subject many more statistics of the same kind, all indubitably showing that primary tuberculosis of the intestine, especially among children, is a comparatively rare disease, and of the few cases that have been enumerated it is by no means certain that they were due to infection by bovine tuberculosis. It is just as likely that they were caused by the widely-propagated bacilli of human tuberculosis, which may have got into the digestive canal in some way or other—for instance, by swallowing saliva of the mouth. Hitherto nobody could decide with certainty in such a case whether the tuberculosis of the intestine was of human or of animal origin. Now we can diagnose the two. All that is necessary is to cultivate in pure culture the tubercle bacilli found in the tuberculous material and to ascertain whether

they belong to bovine tuberculosis by inoculating cattle with them. For this purpose I recommend subcutaneous injection, which yields quite specially characteristic and convincing results. For half a year past I have occupied myself with such investigations, but owing to the rareness of the disease in question, the number of the cases which I have been able to investigate is but small. What has hitherto resulted from this investigation does not speak for the assumption that bovine tuberculosis occurs in man.

Though the important question whether man is susceptible to bovine tuberculosis at all is not yet absolutely decided, and will not admit of absolute decision to-day or to-morrow, one is nevertheless already at liberty to say that, if such a susceptibility really exists, the infection of human beings is but a very rare occurrence. I should estimate the extent of infection by the milk and flesh of tuberculous cattle and the butter made of their milk as hardly greater than that of hereditary transmission, and I therefore do not deem it advisable to take any measures against it. So the only main source of the infection of tuberculosis is the sputum of consumptive patients and the measures for the combating of tuberculosis must aim at the prevention of the dangers arising from its diffusion. Well, what is to be done in this direction? Several ways are open. One's first thought might be to consign all persons suffering from tuberculosis of the lungs whose sputum contains tubercle bacilli to suitable establishments. This, however, is not only absolutely impracticable but also unnecessary. For a consumptive who coughs out tubercle bacilli is not necessarily a source of infection on that account so long as he takes care that his sputum is properly removed and rendered innocuous. This is certainly true of very many patients, especially in the first stages, and also of those who belong to the well-to-do classes and are able to procure the necessary nursing. But how is it with people of very small means? Every medical man who has often entered the dwellings of the poor, and I can speak on this point from my own experience, knows how sad is the lot of consumptives and their families there. The whole family have to live in one or two small, ill-ventilated rooms. The patient is left without the nursing he needs because the able-bodied members of the family must go to their work. How can the necessary cleanliness be secured under such circumstances? How is such a helpless patient to remove his sputum so that it may do no harm? But let us go a step further and picture the condition of a poor consumptive patient's dwelling at night. The whole family sleep crowded together in one small room. However cautious he may be the sufferer scatters the morbid matter secreted by his diseased lungs

every time he coughs, and his relatives close beside him must inhale this poison. Thus whole families are infected. They die out and awaken in the minds of those who do not know the infectiousness of tuberculosis the opinion that it is hereditary, whereas its transmission in the cases in question was due solely to the simplest processes of infection, which do not strike people so much because the consequences do not appear at once, but generally only after the lapse of years. Often under such circumstances the infection is not restricted to a single family, but spreads in densely inhabited tenement houses to the neighbours, and then, as the admirable investigations of Biggs have shown in the case of the densely peopled parts of New York, regular nests or foci of disease are formed. But if one investigates these matters more thoroughly one finds that it is not poverty *per se* that favours tuberculosis, but the bad domestic conditions under which the poor everywhere, but especially in great cities, have to live. For, as the German statistics show, tuberculosis is less frequent even among the poor, when the population is not densely packed together, and may attain very great dimensions among a well-to-do population when the domestic conditions, especially as regards the bedrooms, are bad, as is the case, for instance, among the inhabitants of the North Sea coast. So it is the overcrowded dwellings of the poor that we have to regard as the real breeding-places of tuberculosis; it is out of them that the disease always crops up anew, and it is to the abolition of these conditions that we must first and foremost direct our attention if we wish to attack the evil at its root and to wage war against it with effective weapons. This being so, it is very gratifying to see how efforts are being made in almost all countries to improve the domestic conditions of the poor. I am also convinced that these efforts, which must be promoted in every way, will lead to a considerable diminution of tuberculosis. But a long time must elapse ere essential changes can be effected in this direction, and much may be done meanwhile in order to reach the goal much more rapidly.

If we are not able at present to get rid of the dangers which small and overcrowded dwellings involve, all we can do is to remove the patients from them and, in their own interests and that of the people about them, to lodge them better, and this can be done only in suitable hospitals. But the thought of attaining this end by compulsion of any kind is very far from me; what I want is that they may be enabled to obtain the nursing they need better than they can obtain it now. At present a consumptive in an advanced stage of the disease is regarded as incurable, and as an unsuitable inmate for an hospital. The consequence is that he is reluctantly admitted and

dismissed as soon as possible. The patient, too, when the treatment seems to him to produce no improvement and the expenses, owing to the long duration of his illness, weigh heavily upon him, is himself animated by the wish to leave the hospital soon. That would be altogether altered if we had special hospitals for consumptives, and if the patients were taken care of there for nothing, or at least at a very moderate rate. To such hospitals they would willingly go; they could be better treated and fed there than is now the case. I know very well that the execution of the project will have great difficulties to contend with, owing to the considerable outlay it entails. But very much would be gained if, at least in the existing hospitals, which have to admit a great number of consumptives at any rate, special wards were established for them in which pecuniary facilities would be offered them. If only a considerable fraction of the whole number of consumptives were suitably lodged in this way a diminution of infection, and consequently of the sum-total of tuberculosis, could not fail to be the result. Permit me to remind you in this connexion of what I said about leprosy. In the combating of that disease also great progress has already been made by lodging only a fair number of the patients in hospitals. The only country that possesses a considerable number of special hospitals for tuberculous patients is England, and there can be no doubt that the diminution of tuberculosis in England, which is much greater than in any other country, is greatly due to this circumstance. I should point to the founding of special hospitals for consumptives and the better utilisation of the already existing hospitals for the lodging of consumptives as the most important measure in the combating of tuberculosis, and its execution opens a wide field of activity to the State, to municipalities, and to private benevolence. There are many people who possess great wealth and would willingly give of their superfluity for the benefit of their poor and heavily afflicted fellow-creatures, but do not know how to do this in a judicious manner. Here is an opportunity for them to render a real and lasting service by founding consumption hospitals or purchasing the right to have a certain number of consumptive patients maintained in special wards of other hospitals free of expense.

As, however, unfortunately, the aid of the State, the municipalities, and rich benefactors will probably not be forthcoming for a long time yet, we must for the present resort to other measures that may pave the way for the main measure just referred to and serve as a supplement and temporary substitute for it. Among such measures I regard obligatory notification as specially valuable. In the combating of all infectious diseases it has proved indispensable as a means of obtaining certain

knowledge as to their state, especially their dissemination, their increase, and their decrease. In the conflict with tuberculosis also we cannot dispense with obligatory notification; we need it not only in order to inform ourselves as to the dissemination of this disease, but mainly in order to learn where help and instruction can be given, and especially where the disinfection which is so urgently necessary when consumptives die or change their residences has to be effected. Fortunately it is not at all necessary to notify all cases of tuberculosis, nor even all cases of consumption, but only those that, owing to the domestic conditions, are sources of danger to the people about them. Such limited notification has already been introduced in various places—in Norway, for instance, by a special law, in Saxony by a Ministerial decree, in New York, and in several American towns which have followed its example. In New York, where notification was optional at first and was afterwards made obligatory, it has proved eminently useful. It has thus been proved that the evils which it used to be feared the introduction of notification for tuberculosis would bring about need not occur and it is devoutly to be wished that the examples I have named may very soon excite emulation everywhere.

There is another measure connected with notification—*viz.*, disinfection, which, as already mentioned, must be effected when consumptives die or change their residence in order that those who next occupy the infected dwelling may be protected against infection. Moreover, not only the dwellings, but also the infected beds and clothes of consumptives ought to be disinfected. A further measure, already recognised on all hands as effective, is the instructing of all classes of the people as to the infectiousness of tuberculosis and the best way of protecting oneself. The fact that tuberculosis has considerably diminished in almost all civilised states of late is attributable solely to the circumstance that knowledge of the contagious character of tuberculosis has been more and more widely disseminated and that caution in intercourse with consumptives has increased more and more in consequence. If better knowledge of the nature of tuberculosis has alone sufficed to prevent a large number of cases this must serve us as a significant admonition to make the greatest possible use of this means and to do more and more to bring it about that everybody may know the dangers that threaten them in intercourse with consumptives. It is only to be desired that the instructions may be made shorter and more precise than they generally are, and that special emphasis may be laid on the avoidance of the worst danger of infection, which is the use of bedrooms and small ill-ventilated workrooms simultaneously with consumptives.

Of course the instructions must include directions as to what consumptives have to do when they cough and how they are to treat their sputum. Another measure, which has come into the foreground of late, and which at this moment plays to a certain extent a paramount part in all efforts for the combating of tuberculosis, works in quite another direction. I mean the founding of sanatoria for consumptives.

That tuberculosis is curable in its early stages must be regarded as an undisputed fact. The idea of curing as many tuberculous patients as possible in order to reduce the number of those that reach the infectious stage of consumption and thus to reduce the number of fresh cases was therefore a very natural one. The only question is whether the number of persons cured in this way will be great enough to exercise an appreciable influence on the retrogression of tuberculosis. I will try to answer this question in the light of the figures at my disposal. According to the business report of the German Central Committee for the Establishment of Sanatoria for the Cure of Consumptives, about 5,500 beds will be at the disposal of these institutions by the end of 1901, and then, if we assume that the average stay of each patient will be three months, it will be possible to treat at least 20,000 patients every year. From the reports hitherto issued as to the results that have been achieved in the establishments we learn further that about 20 per cent. of the patients who have tubercle bacilli in their sputum lose them by the treatment there. This is the only sure test of success, especially as regards prophylaxis. If we make this the basis of our estimates, we find that 4,000 consumptives will leave these establishments annually as cured. But, according to the statistics ascertained by the German Imperial Office of Health, there are 226,000 persons in Germany over fifteen years of age who are so far gone in consumption that hospital treatment is necessary for them. Compared with this great number of consumptives the success of the establishments in question seems so small that a material influence on the retrogression of tuberculosis in general is not yet to be expected of them. But pray do not imagine that I wish by this calculation of mine to oppose the movement for the establishment of such sanatoria in any way. I only wish to warn against the over-estimating of their importance which has recently been observable in various quarters, based apparently on the opinion that the war against tuberculosis can be waged by means of sanatoria alone and that other measures are of subordinate value. In reality the contrary is the case. What may be achieved by the general prophylaxis resulting from recognition of the danger of infection and the consequent greater caution in intercourse with consumptives is shown by a

calculation of Cornet's regarding the decrease of mortality from tuberculosis in Prussia in the years 1889 to 1897. Before 1889 the average was 31.4 per 10,000, whereas in the period named it sank to 21.8, which means that in that short space of time the number of deaths from tuberculosis was 184,000 less than was to be expected from the average of the preceding years. In New York, under the influence of the general sanitary measures directed in a simply exemplary manner by Biggs, the mortality from tuberculosis has diminished by more than 35 per cent. since 1886. And it must be remembered that both in Prussia and in New York the progress indicated by these figures is due to the first beginnings of these measures. Considerably greater success is to be expected of their further development. Biggs hopes to have got so far in five years that in the city of New York alone the annual number of deaths from tuberculosis will be 3,000 less than formerly.

Now, I do indeed believe that it will be possible to render the sanatoria considerably more efficient. If strict care be taken that only patients be admitted for whom the treatment of those establishments is well adapted and if the duration of the treatment be prolonged it will certainly be possible to cure 50 per cent. and perhaps still more. But even then, and even if the number of the sanatoria be greatly increased, the total effect will always remain but moderate. The sanatoria will never render the other measures I have mentioned superfluous. If their number becomes great, however, and if they perform their functions properly, they may materially aid the strictly sanitary measures in the conflict with tuberculosis.

If now, in conclusion, we glance back once more to what has been done hitherto for the combating of tuberculosis, and forward to what has still to be done, we are at liberty to declare with a certain satisfaction that very promising beginnings have already been made. Among these I reckon the consumption hospitals of England, the legal regulations regarding notification in Norway and Saxony, the organisation created by Biggs in New York (the study and imitation of which I most urgently recommend to all municipal sanitary authorities), the sanatoria, and the instruction of the people. All that is necessary is to go on developing these beginnings, to test and, if possible, to increase their influence on the diminution of tuberculosis, and wherever anything useful has yet been done to do likewise. If we allow ourselves to be continually guided in this enterprise by the spirit of genuine preventive medical science, if we utilise the experience gained in conflict with other pestilences, and aim, with clear recognition of the purpose and resolute avoidance of wrong roads, at striking the evil at its root, then the battle against tuberculosis, which has been

so energetically begun, cannot fail to have a victorious issue.

In the discussion which followed Professor Koch's address, Lord Lister said that the matter at issue was of great importance. If Professor Koch was right, then preventive measures would be much simplified; but before the Congress could give its consent to the hypothesis the most complete investigations must be undertaken. He instanced the infection of the mesenteric glands from bovine tuberculosis in support of his contention that the evidence advanced by Professor Koch was not conclusive.

Professor Nocard feared that Professor Koch's address would cause the pendulum to swing too far back in reaction to the exaggerated fears of animal infection. He quoted cases in which veterinary surgeons had been accidentally infected from tuberculous cattle.

Professor Bang (Copenhagen) warned the Congress that though Professor Koch had shown that there was only slight danger of infecting animals from man, nevertheless the inoculation of man from animals was a different matter, and in his opinion Professor Koch went too far in saying that there was no necessity for taking measures against bovine tuberculosis.

Professor Sims Woodhead did not consider that Professor Koch's views were so violently opposed as they appeared to be to modern pathology. In the course of his remarks he described a specimen exhibited in the museum of the Congress which proved that it was possible for human beings to be infected with tuberculous disease from animals.

PROFESSIONAL SECRECY.

It will be observed, from the letter of our special correspondent in Holland, which is published in another column, that the Dutch Association of Nurses has, at its recent annual meeting, determined to make important alterations, both in its rules and in its organisation. To the latter we will devote careful consideration in due course; and the former matter is one of which the importance, both to the nursing profession and to the public, can scarcely be exaggerated. It will be observed that, in the words of our correspondent, the Amsterdam section of the Dutch Association has introduced the following new regulation:—

"That any nurse, to whom, after a well-passed examination, the certificate for sick nursing is granted, is bound to vow, before receiving her diploma, to keep as a sacred secret all things that will come as such to her knowledge in her professional life."

This is, as we have said, an entirely new departure in the nursing world. But it represents a curious reversion to ancient custom in the case of medical men. Two thousand years ago, the Greek physicians were called upon to take a most solemn obligation, on being admitted to the medical profession, that they would in no way, and under no circumstances, reveal any matter which might come to their knowledge in their professional capacity. From that day to this, the tradition has been handed down, and most scrupulously observed by every medical man who respects his calling and himself. Of course, there are some who do not feel the restriction so deeply as others; but, taking the great body of the medical profession throughout the world, it may be said that their adhesion to the ancient vow of secrecy is absolute.

Indeed in some countries, notably in France, special legislation protects the doctor and the priest from penalties to which they might be subject in consequence of their refusal to reveal professional secrets. So far has this idea been carried that in more than one country the doctor is actually prevented by law, under a heavy penalty, from infringing professional confidences. In this country, no such legislation has ever been attempted, but the public trust in a medical man's professional secrecy is well merited and universal; and in our courts of law it has been found necessary on several occasions for the judge to warn a medical witness that his oath to tell "the truth, the whole truth and nothing but the truth" makes it compulsory upon him to give any information he possesses, however confidential it might be from a professional point of view, which the administration of justice may require from him.

With regard to nurses, it must be remembered that nursing is to all intents and purposes an entirely new profession; a fact with which we always console ourselves when we find that nurses exhibit so little *esprit de corps*, and so small an amount of professional feeling. But it will come as a useful reminder to nurses that the professional position which has now been accorded to their calling entails upon them corresponding responsibilities. We have frequently advocated in these columns the publication of a series of ethical rules for their guidance and direction; and foremost amongst such would undoubtedly be placed some such injunction as that involved in the ancient oath of Hippocrates, to which we have referred. It cannot be denied that nurses, as a class, have not yet risen to the complete understanding of their duties in this respect. It has become almost proverbial that two nurses cannot meet together, even on the top of an omnibus, without beginning to discuss details relating to their respective

patients ; and it is to be feared that the habit of gossiping over even the private affairs of their patients is not unknown amongst the semi-trained nurses of the present day. The rules of the leading nursing Co-operations prominently state that "the nurses are enjoined to hold sacred the knowledge they obtain of the private affairs of the family in which they are engaged ;" and that such a regulation has been considered necessary is sufficient evidence of the opinion held upon the matter by those who are best acquainted with nurses. The nursing profession will only obtain the complete confidence of the public, as the medical profession has always done, by every individual nurse proving herself worthy of that trust, by personal conduct as well as by professional trustworthiness. And it would, in our opinion, conduce towards that public confidence if it were known that every trained nurse was bound to conform to the strictest ethical rules—regulating her conduct towards her fellow-workers, towards the medical profession, and towards the public.—*Nursing Record*, July 20, 1901.

HOMŒOPATHY IN THE TWENTIETH CENTURY.*

By R. S. COPELAND, M.D., Ann Arbor, Mich.

THE past century has marked most marvellous progress in medical affairs. Indeed, dominant medicine of one hundred years ago was practically the same crude science which had been the only solace of dying men for many preceding centuries. Almost the entire history of therapeutics has been written in the past hundred years. Hardly a medical application is made to-day as it was in 1800. To resurrect a doctor, dead before the Republic was born, would be to bring to earth a stranger to every medical theory and practically every medical substance recognized to-day as authoritative.

During the past century has been written the entire history of a great system of medicine. Homœopathy was born, it grew up and conquered a large share, at least, of the English-speaking world during the nineteenth century. It need not weep, like Alexander, for more worlds to conquer, because it has much missionary labour yet to perform. There is work for you and for me in furthering the influence of the system we practise.

It is my pleasure, to-day, to ask a few pertinent questions

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about homœopathy as a system. and to discuss some of the duties which seem to me to devolve upon the twentieth century disciples of the nineteenth century Hahnemann.

Laboratory Methods.---It is undoubtedly true that the past decade has revealed vast resources of incalculable wealth, and freely offers them, without money and without price, to the progressive physician of this year of Grace. It is easy to sit back and sneer at the work done in the laboratories, but it is quite another thing to reject the conclusions and possibilities of laboratory knowledge when once understood and put in practice. Subtract from medical science the revelations of the laboratory and medicine becomes as crude and unsatisfactory as it was when Washington died a martyr to eighteenth century medical effort.

As a means of diagnosis no physician dare overlook the chemical and microscopical tests determining the condition of the urine, and neglect to draw conclusions from that condition as to the state of the kidneys. Where practises the physician to-day who would attempt to make a positive diagnosis in the incipency of tuberculosis, without the confirmatory test of the bacteriological examination? No one pretends to believe, of course, that the presence in the sputum of the tubercular bacilli is conclusive evidence of tuberculosis, but when it is found as one of the symptoms, and accompanies the physical signs common to that disease, it becomes of positive diagnostic value.

Likewise, in suspected typhoid fever, in pneumonia, in diphtheria, and other diseases, the revelation of the peculiar bacillus is the symptom above all others which renders possible an exact diagnosis.

Born and bred as we are, in our system, to the value and prime importance of symptoms, I have purposely used this term in speaking of the results of laboratory tests. A symptom is any effect upon the body as a whole, a single tissue or the mind, produced by a drug or a disease.

Hahnemann knew nothing of such laboratory methods as are in common use to-day, and never dreamed of the possibilities of development along that line. An early paragraph in the Organon would seem to mean that no symptoms are of value except such as "can be perceived externally;" "symptoms which are felt by the patient himself, remarked by those around him and observed by the physician." It is not possible, however, that if living to-day this master would neglect the chemical, microscopical and mechanical discoveries which have added so much to modern knowledge of drug and disease effects.

That Hahnemann would have used these methods had he known them is not a supposition only. He states positively,

and nobody doubts his ability to state things that way, that "the whole pathogenetic effects of the several medicines must be known; that is to say, all the morbid symptoms and alterations in health must be observed." At another time, in speaking of the necessity of making provings, he urges the importance of studying drug effects to note "the changes, symptoms and signs of the influence each individually produces on the health of the body."

In provings made by himself and recorded by his own pen, he makes frequent reference to drug effects which are pathologic rather than purely symptomatic. For instance, in the provings of muriatic acid he speaks of an "eruption of pimples round about the lips," and a "vesicle on the upper lip." Under mercurius he records "moist eruption on the hairy scalp." Aurum teems with such symptoms. For instance, Hahnemann speaks of "a small osseous tumour on the left side of the forehead." In his guiding symptoms, Hering records many pathologic conditions, such as this for instance: "Villi of stomach becoming disorganized; mucous lining, dark red, or brown; walls thickened, more at pylorus, and hardened, as if tanned."

Since Hahnemann has so clearly indicated his views, I think his latter day disciples are justified in concluding that he would be in the forefront of those who accept the teachings of the laboratory. I make bold, therefore, to continue, somewhat, the discussion of the laboratory means of diagnosis.

Hæmatology in Diagnosis.—The most recent laboratory advance has been in the direction of blood examination. Hæmatology, as a science, is so new that its ultimate value is yet problematical. However, sufficient progress has been made to overthrow some old theories and to cast new light on some diseases, hitherto rather obscure. Take, for instance, the condition called leukæmia. This disease has been overlooked by many most excellent physicians. Not until it became a more common practice to examine the blood did its true importance and frequency become apparent.

It is true, too, that examination of the blood will illuminate some of our darkest diagnostic paths. Allow me to give you a personal experience:—

Last January, there presented in my clinic a patient, referred by one of the prominent physicians of a Michigan city. The young woman, aged thirty, was entirely blind. In the absence of temperature, pain and the other positive signs of disease, it would be natural to suppose the condition had an hysterical origin. However, the ophthalmoscope revealed the actual existence of a bilateral optic neuritis.

The first and most natural supposition, and the most frequent cause for this eye condition, is brain tumour. It would explain

the symptoms in this case, but its variety would be a question. Of course, it was easy to see that the growth must be small or else there would be disturbances of motion or sensation in other parts of the body.

Must we stop here? Are there no other means of diagnosis? Let us turn now to the laboratory and discover the value of the blood test. Careful examination revealed a decrease in the red cells and hæmoglobin and an enormous increase in the white cells. Instead of finding 6,000, as in normal blood, the number was anywhere from 25,000 to 30,000. The condition of the blood forces the thought of leukæmia, but the increase in the white cells, particularly the polymorphonuclear forms, indicates tubercular meningitis, especially in the stage of caseation.

Here is a reasonable diagnosis which explains all the symptoms, outlines a method of treatment, and aids in the selection of a remedy. In studying this particular case my attention was called to two significant statements in Cabot's work on the blood. The digression is worth while, because it offers a scientific verification of the law of similars. Cabot states positively that mercury, given in the early stage of syphilis, will cause the polymorphonuclear forms of the white blood-cells to gradually increase toward normal. In parenthesis, he adds: "Mercury given to healthy persons has just the opposite effect, the lymphocytes being increased at the expense of the polymorphonuclear forms." A little more study and laboratory research will bring over the dominant school—foot, horse and dragoons!

For many years there have been certain homœopathic leaders in our state who have called attention to the importance of the physiological laboratory as a place to work out homœopathic problems. Since microscopic changes are to be regarded as symptoms, certainly the products of disease and the effects of drugs as learned in the laboratories are pathogenetic or physiological signs, which cannot be overlooked by the wise physician.

Hæmatology in Prescribing.—Showing the value of these methods in determining a homœopathic prescription, allow me to speak of a case occurring in the practice of a brother physician and recorded in a recent number of a leading journal:

"A middle aged woman of rather strong build, mother of two children, of good personal and family history, began to suffer pain in the left side under the short ribs. The pain was aggravated by deep breathing and over-exertion. Sometimes she was annoyed by nausea and vomiting. She consulted a physician, who diagnosed pleurisy and treated her case as such. As her strength persistently failed to return, other physicians

were called from time to time. An enlargement in the left hypochondrium finally became noticeable, and an addition was made to the diagnosis, 'with empyema bulging down into the abdomen.' The bulging area was aspirated a number of times with no evidence of the presence of pus or other fluid."

In discussing this and a similar case the same writer said: "Because each had stitching pains in the left side, made worse by the same movements that aggravated a pleurisy, indifferent observers all made the inference they must have pleurisy."

On the supposition that Bryonia is a remedy useful in serous effusion, with similar symptoms, that remedy would have been prescribed in various potencies. Symptomatically, speaking in the language we usually employ, bryonia was indicated and should have cured. But another tissue, carrying symptoms of vast importance, had been overlooked. Examination of the blood revealed an enormous increase in the white cells, and a marked decrease in the red cells. The condition of the blood led to a re-examination of the patient, and to the discovery of an overlooked splenic enlargement. The totality of the symptoms, now, made possible an accurate diagnosis of leukæmia.

The blood examination, too, did more than to determine a brilliant diagnosis. It proved at once that bryonia could not cure, because it is never indicated in such conditions. It called to mind arsenicum, phosphorus, the mineral acids and the snake poisons. It made possible a prescription, the early carrying out of which would prolong the life and comfort of the patient, and widen the reputation of homœopathy as a system of medicine.

The Laboratory and Symptomatology.—Our materia medica teems with symptoms which sound ridiculous to the lay mind and are scoffed at by our rivals of the other school. Under Alumina, for instance, is this startling symptom: "Desire for clean white rags." This symptom is an indication, merely, of a perverted appetite. Is it possible to find a scientific explanation for a symptom which seems so absurd?

Here is a chance for a "test breakfast" and stomach analysis. What changes in the gastric processes have brought about such a perversion of the natural appetites? Is the hydrochloric acid normal in amount, deficient or absent? What of the pepsin, rennin, and lactic acid?

Is not the condition of the stomach secretions as important in determining a remedy for a digestive disturbance as are the nature and quantity of the nasal secretion in catarrh or the vaginal discharge in leucorrhœa? I am sure you will agree with me that the physiological chemist and the pathologist have a place in homœopathy.

Twentieth Century Homœopathy.—Now for our first question:

Is the homœopathy of the nineteenth century sufficient for the twentieth ?

To attempt to demonstrate that drug provings made nearly a hundred years ago are amply sufficient for all time to come is a task I do not care to assume. The Twelve Labours of Hercules were easy in comparison. These provings must be revised in the light of modern science. How can this be done ?

A teacher of former days used to talk about the uselessness of "arm-chair theories." He argued that facts must be deduced from practical experience and observation ; that it is not possible to settle scientific problems by the application of pen to paper. So, in my judgment, a simple culling or collation of symptoms already recorded will not enhance the value of our *materia medica*. There must be a re-proving of remedies under the direction of expert diagnosticians, expert chemists and expert pathologists.

I have no desire to discount the work of the fathers or their worthy successors. My heart is filled with personal faith in the practical value of homœopathy as practised to-day. It is a standing order to my family that in event of an illness so severe as to render me incapable of speech to call a homœopathic physician, no matter how despised and hated of men, in preference to the most popular and clever prescriber of the other school. But the dominant school has made rapid strides since homœopathy came to stir it into activity. We are not so far in the lead in the procession of successful medical practice as we were a score of years ago. The laboratory and the pharmaceutical experts have taught our rivals some very important lessons. Our gait is not lessened, but their speed has become accelerated. It would not become me to say, and it is not true, that they have attained the skill of the homœopathic expert. Statistics bear evidence still, to the superiority of our system. But, my countrymen, are we satisfied ? In spite of prophecy, homœopathy will live, but are we content to let it wear the garb of a past century ?

Homœopathy is in need of no rehabilitation, because it has not lost caste. It does not require rejuvenation, because it is still in its prime. It does not need a new brain or new feet. No citizen of Michigan can complain that homœopathy lacks lung power. But, in my judgment, the time of the second dentition has arrived, and it is our duty to see that the new teeth are properly erupted. It may be a time of peevishness and irritability, but this is simply a stage in the natural history of a great and glorious system.

Laboratory of Drug Pathogenesis.—If I have proven my case so far, it is now time to consider a second question : What is required to adapt homœopathy to the modern advances ?

This work is one which ought to appeal to every patron as well as to every practitioner of homœopathy. It is a work, then, to which every believer should be a liberal supporter. Every advance which will lower the death rate or promote the comfort of suffering humanity ought to rally a host of philanthropic citizens.

Why could not the homœopathic profession unite in the establishment of a great laboratory of drug pathogenesis? For many years, at almost every session of this Society, one of our honoured members has introduced this resolution: "Resolved, That it is the sense of this convention that the Professor of *Materia Medica* in the Homœopathic Medical College be requested to utilize, as far as possible, the laboratories provided by the State, for extending our knowledge of the pure effects of drugs upon the healthy, which constitutes the basis of scientific therapeutics."

In a general way this resolution covers the ground I have in mind. But this work is not alone the function of the Professor of *Materia Medica* at Ann Arbor, or elsewhere. It is a work which must be under the direction of several experts. The research and investigation necessary to the successful consummation of this scheme will involve much labour. It will be an every day and every hour kind of business. It must be done by men who are conscientious, scientific and conservative. To be of practical and immediate value to the profession, exclusive attention must be given to this research. It cannot be done by teachers who have other and multitudinous duties. It may be under their direction, but to accomplish the end in mind it must be divorced from the idea of making it a medical college annex.

For the establishment of such a laboratory can we not formulate a plan which may be presented to the American Institute of Homœopathy for the consideration of its members? Through the Interstate or Intercollegiate Committee of that body it might be brought to the attention of every state society in America, and to every local society in the world. What a glorious thing it would be to establish a great international laboratory of drug pathogenesis. Such a move would command the attention of the civilized world. In my judgment it would do more to break down the popular prejudice against our system than would the establishment of a dozen colleges.

Students for Homœopathic Colleges.—What else can we do as a profession to assist the cause of homœopathy?

In no other way can homœopathy be advanced more rapidly than by sending good students to our colleges. To seek for students ought not to be the chief duty of any college faculty. Such work is irksome and distracting. It engages the serious

attention of men who should be devoting every energy to the upbuilding and development of our system. But colleges cannot exist without students, and until the profession recognizes this fact and relieves the professorial office of this function, homœopathy will not make the advances it deserves.

No physician dare say the schools are of no use to him individually and that he takes no interest in the education of more doctors or the expansion of the homœopathic system. The graduation of every well-equipped physician, or the addition of one verified symptom to our *materia medica*, is worth something, measured in terms of dollars and cents, to every homœopathic physician in Michigan. Where is the man to say that the influence of homœopathy would not be doubled by increasing to one thousand the number of our profession in Michigan? With the graduation of every true-blue, enthusiastic, thoroughly grounded, well-equipped homœopathist, our cause has gained an advocate quite as useful to us as is the commission of a major-general of value to the army of a warring nation.

Every community, no matter how small, has young men and women who would make excellent physicians. Our high schools are graduating students who might easily be induced to take up homœopathy. Somebody has said: "Boys are like water-melons; so many get ripe every year." We ought to be gathering our share of the luscious fruit. I doubt if we are doing our full duty in this matter.

I could not in honesty say I am no more interested in one college than another, but I am not here to advocate any single institution. I am here, however, to plead with you to take more interest in the gathering of disciples for homœopathy. Our state possesses two colleges devoted to our faith, and neighbouring states support many others. No matter where they are sent the profession ought to take greater interest in finding students. The time was when the medical colleges were fed from the doctors' offices. Every student had a preceptor and every doctor a student. That time is past. With the improvement of our public schools, young people stay in class, select and prepare themselves for a profession and go immediately to college to master it. Whatever work is done to-day in the way of influencing young people to study homœopathic or any other kind of medicine must be done in the home. As the family doctor dispenses his medicine, he must dispense and exercise the influence which will turn the minds of the boys and girls in the direction of homœopathy as a profession.

When the profession does this it will relieve the medical faculties of a burdensome duty. Every faculty member, then, can devote himself to the improvement of his specialty, and

the general progress of the homœopathic science. Every faculty will owe a debt to the profession, which it must pay by finding new methods, discovering new drugs, verifying old remedies, simplifying operative work and promoting the means of diagnosis.

Post-Graduate and Clinical Work.—The profession will profit by this, because to show its appreciation of the efforts of the profession each faculty must offer post-graduate and clinical courses, not as a means of revenue, but purely as a duty it owes its supporting profession. Medicine is such a progressive science that it is easy for any physician to become rusty. Doctors are such busy men that long trips to foreign clinics are out of the question. To solve the problem of keeping busy doctors up-to-date, the advantages of the great clinics must be taken to the doctors' gates. This is the imperative duty of every medical college. To neglect this slight reward to a supporting profession is a mark of selfishness and lack of enterprise on the part of any college faculty. In New York or San Francisco, on the banks of the Ohio or the Detroit, on the heights of the Rockies or the shores of Lake Michigan, in Quaker Philadelphia or classic Ann Arbor—no matter where the college is located, it should never forget its debt to the homœopathic profession.

The Encouragement of Homœopathic Authors.—The homœopathic profession and the homœopathic colleges have a common cause in another particular. This refers to the encouragement of homœopathic authors. I cannot believe we should encourage the writing of many books, regardless of the demand for them. Too often do we read in a preface: "This book is intended to satisfy a long-felt want." Often the desire is a figment of the author's imagination. Certainly many books now offered for sale could satisfy nothing but the morbid appetite of an abnormal mind. But we have works which will become classics, books which deserve daily reference, pages which contain the quintessence of successful practice, volumes of priceless value. Why we purchase old school works on practice and materia medica, on gynæcology, on surgery, on ophthalmology and the other specialities in medicine is a mystery past finding out.

Owing to the size of our profession there is not the same demand, and sometimes the prices necessary to charge are in advance of the prices set on old school books. Nevertheless it is our duty to buy our own publications and encourage our own writers. The art of book-making and the science of book-selling have progressed so wonderfully in these latter days that every physician is tempted to buy works of doubtful practical value. Lack of discrimination in purchasing and less discrimination in reading lead some of us into methods of practice

which are empirical and largely experimental. Were we to buy the products of our own book-makers we would encourage the writing of better books, and by reading them improve our practice along our own and legitimate lines.

Personally, I do not believe in little books. Hand-books and compends have a place, of course. The busy practitioner has not time to peruse long pages but I do believe little books encourage routine and narrow practice. I am absolutely convinced that such works are out of place in a student's library. They are too much like the "ponies," so-called, familiar, by reputation at least, to everybody who ever saw a college.

Let the student study an exhaustive article on typhoid fever, for instance, and he learns all its phases and possibilities. Then he is ready, possibly, to review his knowledge by reference to a compend, but if all he knows of the didactic teaching concerning this disease is learned from the reference book, his knowledge is sadly limited.

The publishers are to blame for the flood of little books. Such volumes sell easily, and the profits are large. As is the rule generally when cheap things are bought, the purchaser gets little for his money. I do not wish to be misunderstood, however. There are many small books upon the market which are as priceless pearls. They are of the greatest value, and, as diamonds among pebbles, are conspicuous for their sparkle and true merit.

Conclusion.—If my conclusions are correct, the homœopathy of the twentieth century must adapt itself to modern practice by the verification of its materia medica in the light of the new methods; it must induce the brightest youth of our land to espouse its cause; it must refresh its knowledge by contact with the new things; it must encourage the writing and must read the best books.

If we appropriate to our system all that modern science discovers, frankly admit our limitations and fervently labour to narrow them, unitedly devote ourselves to each other, and unselfishly work for the upbuilding of homœopathy, some of us will live to see it, as it deserves to be, the dominant school in medicine. May that be the reward of the faithful!

AN HOTEL-SANATORIUM.

It is some years since we submitted a scheme to a director of one of our great hotel companies for the organisation of a private hotel hospital for paying patients. He had not the pluck to initiate this novel experiment, and it is interesting

to note that it is about to be started by a few Chicago physicians. Five of the foremost practitioners of that city are prepared to build a large private hotel and sanatorium at a cost of \$400,000. The plan proposed is on an entirely different principle to the English Nursing Homes, to which certain American medical journals have erroneously compared the enterprise. The scheme, if properly carried out, would have undoubted advantages. Physicians in America always have a number of patients who come from a distance, and who, unless the particular man under whose care they place themselves possesses an hospital of his own, have no choice but to go to a general hospital, to an hotel, or to lodgings. All these plans have their drawbacks. There are many objections, on both sides—patient and doctor—to a general hospital; hotels are quite unsuitable on account of the continual noise and disturbances therein. The proposed combination of hotel and sanatorium would obviate the inconveniences, and should afford a solution of the problem of how to treat well-to-do patients, to the satisfaction of themselves and their medical attendants. The projected establishment at Chicago is to be officered with an ample staff of attending physicians, as well as with a corps of nurses.—*Nursing Record*.

A COLLEGE OF PATHOGENESY.

THE following brief "Editorial" from the *Medical Century* (July) gives welcome evidence that our brethren in the States are fully awake to the necessity for practical work in the development of those potential treasures which the law of similars offers to us. We, like them, have risen—none too soon—to a realization of the work which lies before our generation. Now that both continents have turned their attention to the subject it is to be hoped that no long time will be wasted in talk and "committee work," but that a working plan may be struck out, adopted and followed.

"Among other advocates of doing something in the way of practically improving our *materia medica* is Dr. W. S. Searle, of Brooklyn, who writes on the subject as follows :—

I would suggest that under the patronage of the American Institute of Homœopathy, a regular college of pathogenesis be established and endowed, where systematic work of this sort could be conducted by paid experts and provers and thus a genuine *materia medica pura* be compiled under the rigorous rules of modern scientific investigation."

Money is needed for this plan and with money it is an entirely feasible project. An institution of this kind should be sufficiently endowed to secure its permanency, no temporary

endowment, as suggested by the Doctor, will, in our opinion, answer the purpose. It cannot be made a money-making or even a self-supporting scheme. There is work enough to be done on the *materia medica* to last as long as homœopathy shall last. We often hear the criticism advanced that we make no progress in therapeutics because we follow the works of Hahnemann and the ancient writers on homœopathy, and that we have not progressed as we should do in this branch. That we have been content to rest upon our oars because we have believed and taught that the application of our medicines is founded upon law is to a certain extent true, that we have made little progress in drug pathogenesis during the past two decades is also true so far as it concerns original work in that field.

But nevertheless we assert that we have made gigantic strides in the healing art, in applying and experimenting with the pathogenesis that we have had, and there is ample field for the continuance of this good work. There is, however, other work for us to do, and this can only be done in some such an institution as suggested by Dr. Searle.

The cost of a plant for such work need not be great. There would be required laboratories, botanical, pharmacological, pharmaceutical, chemical, etc., a well-equipped library of special works, toxicological, pharmacological, etc., an examination room equipped with all the instruments of modern pathogenetic and diagnostic research, a record room with a small printing outfit handy by and a good sized lecture room. The main endowment should be sufficient to employ and train men, not only to prove, but to conduct the researches, edit and present them to the profession.

Such an institution devoted to the perfecting of a system of cure would do more for suffering humanity than any yet founded. It would develop homœopathy and place it in the vanguard of scientific progress and would cement together and energize the homœopathic profession as no other movement could.

There might be given lectures and special laboratory courses on *materia medica*, on the philosophy of homœopathic *materia medica* and on homœopathic pharmacy. These, together with the proceeds from the publications, would be the only sources of income and would in a measure help to defray the expenses.

This appears to us to be the only practicable and feasible way of developing our *materia medica*. Let us set to work to interest our wealthy patrons in the good work. Let the Institute take up the matter. Now is the time, Washington is the place, and when such an institution is once established the *Medical Century* will endow a remedy."

A BLOW TO "CHRISTIAN SCIENCE."

JUDGE LUMPKIN, Superior Judge of Georgia, has denied the application of the Christian Scientists of that state to charter an Institute; holding that, according to the decision of a Nebraska judge, Christian Science is the practice of medicine, and that the practice of medicine in that state, according to the law, must be accomplished by persons who are regularly graduated from a medical college. In his opinion handed down he makes a strong point in answer to those who claim that Christian Science is not the practice of medicine, by claiming that the right of each man to worship God according to the dictates of his own conscience is quite different from a corporation chartered to heal the sick. The constitution, he holds, guarantees the freedom of conscience and religious worship, but it nowhere guarantees the right to have certain religious ideas incorporated for business purposes. He states that it is plain that the applicants do not want to incorporate for the purpose of religious worship, as they already have a church regularly organized.

In concluding the opinion, Judge Lumpkin says that to show that the freedom of conscience has no connection with the applying for a charter, it need only to be considered that conscience belongs only to individuals. He declares that there is no such thing as an incorporated conscience.—*Pacific Coast Journal of Homœopathy*.

LIBERAL BIRMINGHAM.

It may interest our readers to know that Dr. Avent, a member of the medical staff of the Birmingham Homœopathic Hospital, has recently been appointed Honorary Anæsthetist to the Birmingham Dental Hospital.

This is not the first time that Birmingham has shown itself more liberal in its intercourse with homœopathists than some other towns. The influence of our lamented colleague, Dr. Gibbs Blake, was very great in that city, and it should not be forgotten that, though by no means a homœopath himself, the late Mr. Lawson Tait always advocated freedom of opinion in matters therapeutic, and never refused to meet his *confrères* because of their homœopathic beliefs. It is also a fact, if we are correctly informed, that well-known Birmingham surgeons carry out operations at the Homœopathic Hospital of that city, although not formally on the staff. In passing,

we may say that we hope that this will soon be unnecessary through the presence there of Dr. F. G. Stacey. At the London Homœopathic Hospital, this gentleman, who is a B.Ch. of Cambridge University, showed himself to be a skilful surgeon. We wish him and the Hospital every success.

THE MEDICAL AND DENTAL REGISTERS.

THE new editions of the medical and dental registers which are just published (6s. and 3s. 4d., Spottiswoode & Co.) furnish some interesting statistics of the growth of the medical and dental professions. At the end of 1900 there were 36,355 medical practitioners on the register, the average for five years being 35,273. The number of names added by registration during the year is 1,345, nearly the same as in 1899, but the erasures have been on a more liberal scale, being 938 against 688 in 1899, and an average of 733 for the last five years. It may be noted also that the number of registered men is more than half as many again as it was in 1876, when it stood at 22,713, since when, with the exception of two years when the removals were particularly heavy, there has been, as might be expected, steady upward progress. The percentage of English and Irish qualifications registered is declining, but Scotch qualifications are increasing in number. In regard to the dental register a total of 4,509 names is registered, and of these 58.63 per cent. were in practice before July 22nd, 1878. It will apparently be a matter of some years before the proportion of licentiates in dental surgery of the various colleges catches up with this percentage. There are three dentists registered under colonial qualifications, and twenty-two with either Harvard or Michigan doctorates.—*Chemist and Druggist*.

THE SONG OF THE POITRINAIRE.

THE following parody, written by a patient while resident at the Hahnemann Home, Bournemouth, and going through the "open-air cure" for tuberculosis, appears to us to be worth preserving. Unluckily it did not prove a "cure" in his case, for since leaving there he has died at Margate quite recently, a victim to a rapidly fatal form of laryngeal phthisis, accompanied by distressing spasms of dyspnoea and heart failure, in one of which he succumbed to syncope.

He calls it

THE TUBER-CÚLOUS BEGGAR.

When you've shouted "Dinner's ready," when you've said "God bless
our meal,"

When you've finished what you need for your own mouth,
Will you kindly keep the pickings, chicken, ham, beef, lamb or veal
For a gentleman who's lately ordered south.

He's a tuber-cúloous beggar, and his weaknesses are strong,

But healthy folk should pity, not deride him,

He's got to eat for ever—morning, noon and all night long,

To get a blooming lot of things inside him.

Hot meats, cold meats, meats that he can't endure,

Greens and potatoes, jellies and creams, he never can have enough,
Sausages made from the Lord knows what (and the cook isn't perfectly
sure),

Pile his plate for his Tubercle's sake and he'll Stuff ! Stuff !! Stuff !!!

"INFAMOUS CONDUCT."

THE debate in the House of Commons on Thursday, May 23rd, regarding the appointment of Dr. H. W. Irvine as a school-inspector served to bring before the public eye the powers which the General Medical Council possesses of de-registering professional men who come under its jurisdiction. As the facts were not precisely stated in Parliament we may recall them. In December last Dr. Henry Ward Irvine, a graduate of the Dublin University, was summoned by the General Medical Council to answer the charge that he accepted the office of consulting physician to the Consultative Medical and Surgical Institution, Birmingham, at a salary, and approved or acquiesced in the extensive advertisements issued by that Institution by posters exhibited in the various manufactories, trading establishments, and mercantile offices of the city, by advertisements in the daily press, and by lithographed letters and printed pamphlets, widely circulated, setting forth conspicuously his name and medical qualifications, and referring to his special ability as a general consulting practitioner, and soliciting and inviting the public to consult him at a reduced fee. The case was reported by the Medical Defence Union, at the instigation, it was then stated, of Dr. Robert Saundby, of Birmingham. At the hearing Dr. Irvine informed the Council that before accepting the appointment he made himself absolutely sure that the Institution was a philanthropic one, the promoters receiving no gain. He was not in any way consulted as regards the placards ; there was no more advertising than was

usual at the opening of any institution. Nevertheless, the Council regarded the conduct complained of as serious, but adjourned the case to the forthcoming session to give Dr. Irvine an opportunity of reconsidering his position; and we were able to announce some time ago that Dr. Irvine had, by resigning the appointment, put himself right with his professional superiors. The Parliamentary incident was simultaneous with a paragraph on Dr. Irvine's appointment in the *British Medical Journal*, which said:—

"Dr. Irvine has reconsidered his position and has severed his connection with the Birmingham Consultative Institution, but the medical profession cannot but be surprised at the precipitate action of the Council of Education [in appointing him an inspector]. We are anxious not to appear to bear hardly upon a member of the profession who has been under the censure of the General Medical Council, but the position is a grave one. The disciplinary body created by statute to ensure professional rectitude of conduct on the part of medical practitioners is in this case absolutely ignored as regards its findings by the Board of Education, which is still closely connected with, if not a part of, the Privy Council Office, to which the General Medical Council is also directly responsible. Such circumstances cannot but have a serious effect on the estimation in which the decisions of the General Medical Council will be held."

This and the Parliamentary attack are uncommonly like hounding a man down, and we are not sorry that it has been unsuccessful. There are, however, greater issues for consideration. The Birmingham Consultative Institution was and is (for it still exists) an honest attempt to meet a professional and public grievance. It is well known that there are many persons who desire to consult medical specialists and to pay for their advice, but cannot meet the usual professional fees, and are thus forced to the many provident dispensaries and hospitals where they consult specialists *gratis*. Several philanthropic gentlemen in Birmingham put their heads together and evolved the Consultative Institution idea, which was at first not unfavourably received by local medical men; indeed, it was intended that the best of them should give their services. On second thoughts local practitioners discouraged the project, and the originators advertised for a medical adviser or consultant, and appointed Dr. Irvine to the post. With the co-operation of medical practitioners it would have been possible to feed the institution with the class of patients for which it was designed, and thus have secured a public good, but without the co-operation the originators were forced either to abandon the project or appeal direct to the public. In adopting the latter course

they unquestionably inaugurated a serious danger to the medical profession, for what they were doing for philanthropic reasons (*i.e.*, not for gain), if tolerated, might be repeated as a commercial venture all over the country. This danger was really at the bottom of the proceedings against Dr. Irvine, and as a journal devoted to a calling which has suffered much from a parallel circumstance we consider the outcome an important advantage to the medical profession. Dr. Irvine was the pawn whose capture determined the checkmate; but it should be noted that if the General Medical Council acts up to its traditions it will not order his name to be removed from the register. It cannot but be regretted that the object of the Consultative Institute has not been attained. In London a similar idea has been carried to success by medical men themselves in the Polyclinic, where very exceptional ailments are treated by special specialists, the patients being referred to the place by practitioners who recognise the rarity of the cases or their peculiar interest. Practitioners also attend the Polyclinic to look on, so that it is educational; while the patients benefited include the class whom the Birmingham people desire to cater for. Surely there is a way of reconciling these two interests—the public good and professional susceptibility—so that the men who give their professional services to a good cause may not be liable to ostracism on account of so-called “infamous conduct.” The line to be drawn is a narrow one, for it is merely required to divide the obviously commercial venture from the purely philanthropic organization; it may be difficult to draw the line, but the spirit of the age as expressed in the House of Commons debate cannot wait long for the drawing.—*The Chemist and Druggist*.

MEETINGS.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE annual meeting of this most important association was held in June at Richfield Springs, a summer resort accessible only with some difficulty; hence, as *The Hahnemannian Monthly* report describes, the attendance was one of which not much can be said. “The Registrar in his official report stated that it was the smallest meeting in ten years. What was also apparent was the scant attendance at the sessions. Thus, out of a total registration just short of 300, and on the day of the annual election, when 255 members voted, there were but sixty mem-

bers present at the general meeting of the Section in Clinical Medicine—the section in which one would presume the most members would be interested.”

We hope that when the British Homœopathic Congress decides on the place of meeting in 1902, it will take a hint and that the ease with which it is accessible will be allowed great weight.

Of the elected officers for 1902, the same journal writes :—

“The President-elect, Dr. J. C. Wood, of Cleveland, is a man of high literary attainments, his professional ability is a matter of world-wide fame, and he is a gentleman in every sense the word conveys. His very presence carries weight.

“The new General Secretary, Dr. Charles Gatchell, has already made for himself a reputation in both medical and general literature. He loves work for the pleasure work gives him. His executive ability and untiring energy will add greatly to the success of the Institute.

“Of the Vice-Presidents, Dr. E. B. Hooker, of Hartford, and Dr. E. Z. Cole, of Baltimore, we may say that they are successful and popular practitioners of medicine in their respective communities, and receive the full confidence of all with whom they are brought in contact.”

The President on this occasion was Dr. Norton, the eminent Ophthalmic Surgeon of New York. At the first meeting, the Institute was welcomed by the chief official of the locality, Dr. Baker Crain, the President of Richfield Springs, in the following address :—

“*Mr. President, Gentlemen of the American Institute of Homœopathy.*—As President of the village of Richfield, it is my pleasant duty to bid you welcome.

“If among you there are those who crave for a time the cure of rest, the solace of mountain air, the inspiration of nature, and the delight which comes to us when we find her once more in her native haunts, ‘unspotted by the world,’ then let me assure you that in Richfield Springs you may forget that there are in all the world such evils as sickness and disease.

“Physician as I am, and proud of my profession, I nevertheless speak to you as a man and brother, when I say that if the eighty millions of Americans, of whom I see before me to-day such learned and distinguished representatives, could all live in Richfield Springs, your profession and mine, gentlemen, would soon sink into innocuous desuetude.

“Our hope is based upon the fact that Richfield can accommodate the rest of the country in instalments only, the instalments who come to our life-giving, health-preserving springs. When they return cured, gentlemen, to the communities over whose destinies you preside, they may well serve as examples,

not horrible, but excellent examples of what good health really is when the medical man knows just where to send his patients.

"Gentlemen of the American Institute, the times are fruitful in cures and rumours of cures. All over our fair and smiling land the voice of the press each day proclaims some new convert to a patent medicine—some newly discovered relative of a Congressman who has been cured by Peruna—some hitherto inoffensive wife or mother who has been relieved of chronic depression by Imperial Baking Powder—some blind man who never saw until he put on patent eye glasses and picked up a copy of the '*Morning Bang!*'"

"Truly, the march of medicine in schools and localities is wonderful and stimulating. The knife of the surgeon no longer spares our most intricate organs, nor hesitates to relieve the hungry man of his stomach, the thirsty man of his kidneys, the bow-legged man of his bow, and the victim of skull fracture of a portion of what brains he has left.

"Yet while we have all made progress in medicine, and feel tolerably sure that we know of at least a dozen diseases for which we can name specific remedies, the advance in surgery has been, in all sincerity, so astonishing, so far reaching, so gratifying to all who live to alleviate human suffering, that the physician must often ask himself: What is he here for? What, after all, is his mission? What are the paths in which he may still find the highest rewards alike of his profession and his conscience?

"I believe, gentlemen, that after your stay among these healthy waters—these peace-giving mountains—amid the bright and sparkling lakes, you will find an answer to these questions in this simple statement: Come back to nature! Seek in her air and woods and fields the calm, the repose, the cleanliness so essential to health, and in the healing springs she provides so liberally at Richfield find the greatest remedy of our times.

"In her name and in the name of the good citizens of Richfield I bid you welcome."

The Address of the President of the Institute was devoted to the consideration of "Homœopathy in the Twentieth Century."

At the outset he divided the history of homœopathic medicine into three epochs, the first the birth of homœopathy at the dawn of the nineteenth century. A brief account of the progress made in medicine, especially in homœopathic medicine, during the century was given. The second epoch was marked by two events, the first the death of Hahnemann, July 2, 1843, and the second the organization of this Association, April 10, 1844. Homœopathy was introduced in this country in 1825 by Dr. Gramm. At the third meeting of this Society, in 1846,

there were 146 members, a large percentage of the physicians practising homœopathy in this country at that time. Now, fifty-six years later, there are upwards of 13,000 homœopathic physicians in this country, and nearly 2,000 of them are members of the American Institute. The phenomenal growth of homœopathy in this country since this Association was formed is undoubtedly due to the work and influence of this Society. That homœopathy was destined to grow and spread over the whole globe by virtue of its own truth cannot be gainsaid; at the same time this Society has given most potent aid in this direction. . . . The American Institute, the officially recognized organization of the homœopathic school, has, through its influence and work, made homœopathy what it is in this country to-day. Every homœopathic physician in this country owes to the American Institute in large part the respect and standing that he holds before the public.

The last epoch in homœopathic history was, he said, the present. Its crowning glory was the dedication at Washington of that grand monument of Hahnemann at the close of the century that he made memorable by his work. In this country, he said, our school marks its age by but three quarters of a century. Yet look at our hospitals, asylums, colleges, societies, literature, at our practitioners, and upon its patrons; then turn to the realms of art, science or industry, and in none of them can you find such vast strides as in homœopathic medicine.

Dr. Norton then passed in review the several points to which members of the Institute should direct their attention in promoting the further recognition and development of homœopathy, dwelling especially on increasing efforts being made by them for demanding a higher medical education and making their power especially felt in the domain of preventive medicine. Very earnestly, he urged more aggressive action in promoting the cause of homœopathy. In conclusion he argued that to extend the influence and beneficent sphere of homœopathy, we must make known to the public what it is, its methods and results. I am a believer in the people and in the efficacy of popular essays. Let us appeal to an intelligent public by means of clear, concise arguments or presentation of facts regarding homœopathy. To this end I would recommend an appropriation of \$100 each year as a prize for the best short popular essay on homœopathy, for circulation among the laity, and that a committee of five be appointed to act as judges upon the essays submitted, and to devise plans for popularizing homœopathy. The most important and vital work for the new century, and one that must be inaugurated now, is the re-proving of our *materia medica*. This work has already been commenced by the American Ophthalmological Society.

Several hundred dollars have been contributed, and the work of re-proving is actually under way. The American Institute must aid in this work. The speaker closed with words of good cheer and encouragement. He was heartily applauded.

Reports of various Sections and Committees were presented and fully discussed. Dr. J. H. McClelland presented a report of the Hahnemann Monument Committee. It acknowledged that through the efforts of the ladies \$2,300 had been raised, referring in terms of high appreciation to the work of Mrs. Cook. He also said that the central figure of the monument at Washington is a bronze sitting figure of Hahnemann. The original study of this in plaster is now near the main entrance of the Art Gallery at the Pan-American grounds in Buffalo. Standing as a companion piece to this is a similar figure of the late Dr. Pepper of the University of Pennsylvania at Philadelphia. A model of the Hahnemann monument was on exhibition in New York a few years ago. Immediately opposite was a bust of Oliver Wendell Holmes, who years ago predicted the downfall of homœopathy, but who was in effigy compelled to witness the triumph of Hahnemann. On motion of Dr. Benjamin F. Bailey the report was adopted by a standing vote as a special mark of honour. On motion of Dr. C. E. Walton a vote of thanks was tendered Mrs. Dr. Cook.

Papers of great interest were contributed by Dr. Clarence Bartlett, of Philadelphia, on the *Clinical Relations and Diagnosis of Uric Acid Poisoning*; Dr. Hanchett, of Omaha, on a *Theory of the Action of Homœopathic Medicine*; Dr. J. W. Dowling, on *The Non-Rheumatic Causes of Valvular Disease*; Dr. Gatchell, of Chicago, on *The Induction of the Cardiac Reflex in the Treatment of Dilatation*.

The Section on Gynæcology was well attended and papers of value and interest, alike to general practitioners and specialists, were read by Dr. Roberts of New York, Drs. Hedges and Thompson of Chicago, and Dr. Biggar of Cleveland.

At the Memorial Service Dr. Kinne presided, prayer being offered by Dr. Long. The names of those who had died during the year, including not only physicians, but members of the Meissen and Ladies' Society, were read by Dr. Cowperthwaite, when two excellent addresses were delivered by Dr. Benj. F. Bailey and Dr. C. E. Walton. They spoke of the hardships of the life of the physician of an earlier day; how he had been mocked and scorned and persecuted for his beliefs; but that time had now vindicated him, and that of him, in common with the many who have followed in his footsteps and trod the way over which he toiled, it is now written "one who loved his fellow man."

Dr. Belle Brown, of New York, who at short notice prepared

a paper, was the third speaker. She spoke in particular of the four women who had passed away, with special tribute to the memory of Mrs. Talbot, who was the only woman, not a physician, to be made an honorary member of the Institute. No one was more interested in the welfare of the Institute than she, being present at every meeting and always working in its interest. Dr. Brown wished that more physicians might have wives like Mrs. Talbot, ever tender, sympathizing and thoughtful.

During the programme Mrs. Louise Stone sang with beautiful effect, "One Sweetly Solemn Thought," "Angels Ever Bright and Fair," and "Jesus, Lover of My Soul." Following an old and dear custom, the exercises ended with the singing of "Auld Lang Syne" by the audience.

In the Section on Surgery Dr. F. Shears presided. The first paper read was one on *Appendicitis*. Americans seem to have a particular *penchant* for appendicitis, which naturally enough engenders a certain elasticity in diagnosis. Dr. Gatchell¹ some six years ago referred to the craze which had been growing for "promiscuous ovariectomy." This having had its day, he said, that "the people still cry for something new, and more of the same kind of excitement, and still the doctors continue to gratify them. It has come," he said, "in irritation of that anatomical appendage that is as useless as a hair on your back, and possesses no more dignity than an angle-worm. Doctors have pointed out the new danger and Society is enjoying the excitement of averting it. It lends," he continued, "a real zest to life for a person to walk in the proud consciousness that he is daily cheating his appendage and getting ahead of the doctors by not swallowing grape seeds. For, like the little boy and the pins, this is the method they have adopted to save their lives. Moreover, like lingual cancer and tobacco, this fact has had its trade effect, for the fruit dealers report that it has materially affected the sale of grapes. A son of sunny Italy who keeps a fruit store on Madison Street, and supplies the tourist trade, tells me that there has been a marked falling off in the number of baskets of grapes that he sells, and he adds that people make the explicit statement that they are denying themselves the indulgence because of the threatened danger to that portion of their anatomy that lies beneath McBurney's point. Ladies, who wouldn't for the world say 'leg' or mention the subject of kidneys, will tell to others the jealous care they are taking of their, ah, thing-em-a-jig, with a *nonchalance* which is truly delightful; while a person who has had his removed affects

¹ *Monthly Homœopathic Review*, vol. xxxix, p. 325.

a superiority over the rest of mankind that is extremely exasperating. There will soon be a new aristocracy," concluded the doctor, "and on their crest will be engraved the mystic symbol A.R.—appendix removed."

The discussion on the paper read by Dr. Wilcox, of Buffalo, seems to suggest that a certain amount of elasticity in deciding the question of diagnosis exists in some quarters where a gentleman in practice for forty years has never had an operation and never lost a case. It reminds us of a statement made by the late Dr. A. Lippe, nearly forty years ago—a homœopathist of much the same type as Dr. H. C. Allen—"I have," said Dr. L., "attended cholera patients and never lost a case." The paper read by Dr. W. G. Wilcox, of Buffalo, was on *The Present Status of the Treatment of Appendicitis*. The doctor believes in immediate and early operation as the only safe course, and that there is danger and death in delay.

Dr. H. C. Allen, of Chicago, took the opposite view, and said in part: "I have practised medicine about forty years; I have never had an operation and never lost a case. My cases of appendicitis never have any food, but hot or cold water. Stop feeding, and you will have only one case where you now have ninety." Dr. Boothby, of Boston, agreed more with Dr. Allen than with Dr. Wilcox. He said, "Nineteen-twentieths of the cases can be treated without operation. In cases of doubt, give the patient the benefit of the incision." Does not believe in cold applications unless there is high fever. Hot applications will better encourage nature's process.

Dr. George W. Roberts advised the last two speakers to watch an operation for appendicitis and observe what is found. About 30 per cent. are due to mechanical obstruction. "If you have pus in your abdomen, which would you trust yourself to, the surgeon's knife or any medicine you may name?" Even if there be no pus, he still preferred the operation, because there would, he said, always be trouble afterwards if there is no operation. Dr. J. W. Hassler, of Philadelphia, gave the results of his observations in the various clinics, which were very interesting. Dr. Blackwood said he was watching forty cases, and found no evil effects after treating them medicinally.

Dr. Wilcox closed the discussion, and said he was stronger in his opinion than ever. He would risk the operation with his own children rather than risk the chance of resolution. He instanced cases which had apparently recovered without operation, but which had died afterward, being found full of pus. The appendix is only rudimentary, and is better removed. It has no business there.

The concluding section considered the Diseases of Children,

when two interesting papers were read, one by Dr. Tooker on *The Artificial Feeding of Sick Babies*; the other by Dr. Knight, on *The Artificial Feeding of Healthy—or "Well"—Babies*.

On the following morning the selection of a place for the next meeting again came up and was left, as it was the day before, with the incoming executive committee, with instructions to decide early in October.

The Registrar, Dr. H. C. Aldrich, reported that he had registered 291 members and 160 visitors, this being the smallest attendance in eight years.

The meeting closed with resolutions of votes of thanks to the President and other officers.

CORRESPONDENCE.

A SCIENTIFIC MATERIA MEDICA.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—One can but echo the wish of Dr. Wheeler for more exact provings in accordance with the necessities of modern practice. Urinary diagnosis, for instance, requires a much more extended enquiry into the action of our medicines than anything we now possess. Not only do the old medicines require this, but there is a wealth of therapeutic treasure lying undiscovered that requires only the divining rod of the physiological test to bring it to light. But how to bring it into play is the difficulty. As Dr. Wheeler says, it is quite impossible to get men in active practice to submit themselves to the task. The "weary Titan," the general practitioner, has enough to do to carry the load he has without adding to it, and I fancy that Hahnemann himself in his later and busier life felt the same difficulty and that this led him to add clinical symptoms from his patients rather than to institute original provings, which were only possible to him in his earlier years, requiring, as they do, a certain amount of leisure and freedom from care and responsibility. It has often occurred to me, as doubtless to others, that students at college on the completion of their curriculum are in the most favourable condition for conducting a proving, and that every student should present a proving of some drug as his graduation thesis. By so doing he would add to our knowledge

and his own reputation, for there is no more certain method of gaining credit than by introducing a new and well-proved drug or by revealing new properties in an old one. It is easier than discovering a new disease, and much more useful to mankind. We have no college students to draw upon, but America has many, and both male and female students have the power to and annually to our therapeutic wealth.

With regard to Dr. Wheeler's proposal to engage paid provers, there are difficulties in the way apart from the funds. If, for instance, objective symptoms are chiefly looked for, as Dr. Wheeler suggests, the provings would have to be carried pretty far, and we might have to face an action at law for asserted injury to health, even if only temporary and of slight character. As to subjective symptoms, seeing that they would be produced at so much a week, much more would depend on the personal character of the prover than we should have confidence in. Hired provers, then, do not appear to commend themselves, and I, for one, am disposed to lay more stress on Dr. Wheeler's first proposal and to invite our *confrères* over the water to enlist the services of their graduates, seeing that both men and women provers can be thus brought into requisition at a responsive and energetic time of life and at a suitable period of their career, when they are sufficiently instructed to express their experiences with some exactitude. In addition to these advantages they would possess some of that freedom from that anxiety which necessarily attaches itself to them when they have entered upon the duties of regular practice with all its responsibilities.

BIRKENHEAD.

P. PROCTOR, L.R.C.P., &c.

NOTICES TO CORRESPONDENTS.

*. * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Mr. C. J. WILKINSON.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays and Saturdays, 2.0; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Wednesdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Dental Cases, Wednesdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Wednesdays, 9 A.M.

We learn that henceforward Dr. DUDGEON's only address is 22, Carlton Hill, St. John's Wood, N.W.

Letters have been received from the following:—Dr. CLIFTON (Leicester); Dr. CROUCHER (Eastbourne); Dr. DUDGEON (London); Dr. MADDEN (Tunbridge Wells); Dr. H. NANKIVELL (Bournemouth); Dr. PROCTER (Birkenhead).

BOOKS RECEIVED.

Twenty-ninth Annual Announcement of the Boston University, July, 1901. *Twenty-sixth Annual Announcement and Catalogue of the Chicago Homœopathic Medical College and Hospital. Session 1901-1902*. London.—*The Chemist and Druggist*, August. *The Homœopathic World*, August. *The Vaccination Enquirer*, August. *The Temperance Critic*, August. Calcutta.—*The Calcutta Journal of Medicine*, May and June. *The Indian Homœopathic Review*, May and June. Hobart.—*The Tasmanian Homœopathic Journal*, June. Chicago.—*The Hahnemannian Advocate*, July. *The Clinique*, July. *The Medical Era*, August. New York.—*The Medical Times*, August. *The Medical Century*, August. *The Homœopathic, Eye, Ear, and Throat Journal*, August. *The North American Journal of Homœopathy*, July. Philadelphia.—*The Homœopathic Physician*, August. Lancaster, Pa.—*The Homœopathic Envoy*, August. *The Homœopathic Recorder*, August. *The Minneapolis Homœopathic Magazine*, July. San Diego.—*The Pacific Coast Journal of Homœopathy*, July. Baltimore.—*The American Medical Monthly*, July. St. Louis.—*The Medical Brief*, August. Paris.—*Revue Homœopathique Française*, August. *Le Mois Médico-Chirurgical*, August. *Leipziger Hom. Zeitschrift*, August. The Hague.—*Homœopathische Maanblat*, August.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEARY, 178, Haverstock Hill, N.W.; or to Mr. WILKINSON, 3, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 53, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE RECENT CONGRESS.

THE first British Homœopathic Congress of the Century, and the first of a new period of fifty years—this having been the fifty-first Congress—took place at Liverpool on the 19th of last month. It was a most successful one in everything but the number of our colleagues who were present. We must confess to a feeling of disappointment that more men did not come to it. In a city of the importance of Liverpool we anticipated a much larger gathering. In smaller provincial towns, where access is not so easy, and where homœopathy does not fill such an important position, we expect a smaller attendance; but it hardly does justice to homœopathy and to a city where homœopathy has always been to the front, and in which a splendid hospital exists, when the Congress poorly represents the number of British homœopathic practitioners. But save in this one point, the Congress was eminently a success. On the previous evening, Dr. E. A. HAWKES and Mrs. HAWKES held a reception at their house, and dispensed their hospitality in a charming manner, the company including a number of his colleagues of the old school. This evidence of the friendly feeling that ought always to exist between the two schools was most gratifying, and showed the friendly

estimation in which Dr. HAWKES is held in Liverpool. Before the sumptuous supper, Dr. HAWKES exhibited an interesting series of photographs by lantern slides, of many of our esteemed colleagues who have passed away, as well as of many still with us, with a few words on each.

On the next day, a number of visitors, ladies as well as gentlemen, came to hear the President's address. As we announced in our last number, the President, Dr. GEORGE CLIFTON, J.P., of Leicester, was prevented by illness from being present, and his place was taken by the Vice-President, Dr. JOHN D. HAYWARD, who most ably filled the chair. He, after some interesting historical remarks, alluded feelingly to the unavoidable absence of Dr. CLIFTON, harmonizing thus with the general sense of regret at his not being with us, and sympathy with him in his long illness, and then proceeded to read Dr. CLIFTON's address, which will be found in our pages of this month, and which was interesting and well received.

Dr. NANKIVELL's paper, which also appears in part in our pages, was an extremely able and instructive paper on the "Therapeutic and general treatment of cardiac debility,"—quite a model Congress paper. By the time the discussion on it was over, it was time to adjourn for lunch, at which the members were most hospitably and handsomely entertained by their Liverpool colleagues, and other members of the Liverpool Homœopathic Society. It was a grateful and genial break in the business proceedings, and a vote of thanks to them was proposed, seconded, and carried with acclamation. On the resumption of business, the Congress resolved to meet next year in London, at the end of June, and as the feeling that it should be made to synchronize with the Annual Meeting of the British Homœopathic Society was widely expressed, it was resolved that the exact date of thus combining the two meetings should be left open, and fixed later on by the Councils of the two bodies. This is an excellent idea, as it enables some who cannot come to both when the dates are separate, to have the advantage of attending both at one and the same time. Mr. C. KNOX SHAW was chosen President for 1902, by a large majority, and we are sure that this choice will meet with the approval of our whole body, and that he will make

one of the best Presidents we have ever had. Dr. BURWOOD was elected Vice-President for the second time, he having held that office when the Congress last met in London. Other interesting points were then discussed at some length, one of them being a proposal of Dr. PROCTOR's, that, in view of the fact that certain Chemists have been in the habit of selling to the public dilutions of drugs too strong for safe general use, especially for children, of which Dr. PROCTOR showed samples, the British Homœopathic Society be requested to go into this question, and if possible take action on it. This was felt to be an important question, and the resolution was carried unanimously.

Another proposal was made by Dr. STORRAR, who had come all the way from Belfast for the Congress, that steps should be taken to urge upon the CARNEGIE TRUSTEES the desirability of a grant being made for the teaching of homœopathy in Scotland, and was carried unanimously. It was stated that the British Homœopathic Society had the matter already under consideration, but the Congress thought it desirable that no time should be lost, and that the council of the Society be urged to expedite what action they deemed best in the matter.

So much time was taken up by these pieces of general business that it was evidently impossible to get through the rest of the proceedings fully. Dr. E. A. HAWKES, whose paper came next in order, most generously offered to let his paper be taken as read, and this offer was reluctantly accepted. The paper, a most valuable one, as we know, will of course appear in our pages in due course, and will be enjoyed all the more in the reading, as it was not heard *vivâ voce*.

Dr. WASHINGTON EPPS, who was to have read the third paper, had written that he was professionally prevented being present, but, as he also failed to send his paper, the Congress was enabled to use the time left by adjourning to a dark room, and seeing the very interesting series of photographs of children's diseases by lantern slides, arranged by Dr. ROBERSON DAY, with explanatory running comments. When this demonstration had been concluded, the members of the Congress were invited to visit the Hahnemann Hospital, at which the Board had kindly provided afternoon tea. The wards were visited, and several cases of interest shown, after which, in the

Board room, an excellent portrait of Dr. J. W. HAYWARD, the consulting physician to the Hospital, was presented by his colleagues to the Hospital, and unveiled. Dr. HAWKES, in a genial and sympathetic speech, offered the portrait to the Hospital. This was followed by a few remarks by Dr. DYCE BROWN, in which he spoke of the energy and enthusiasm of Dr. Hayward in the cause of homœopathy, and the high position he held in Liverpool, and wherever homœopathy is known. The portrait was then accepted by Mr. STITT, the Chairman of the Board, and by Mr. SHORROCK ECCLES, the Treasurer, in interesting speeches, referring to the great and valuable work of Dr. HAYWARD, in connection with the Hospital and with the advancement of homœopathy in general. The portrait is an excellent one and hangs on the wall beside those of the late Drs. DRYSDALE and MOORE. We congratulate the Hospital on possessing these speaking reminders of men who did so much for Liverpool, for science, and for homœopathy.

In the evening, an excellent dinner was served at the Adelphi Hotel, and besides the members of Congress a large number of guests, ladies as well as gentlemen, were present. The Vice-President, Dr. JOHN D. HAYWARD, in the chair. A full account of the able speeches, which all had the great after-dinner merit of being to the point and of not being too long, will be found in our pages, to which we refer our readers. Excellent music by a lady harpist was discoursed between the toasts. The evening was an unqualified success, and was greatly enjoyed by all. One feature was very gratifying, and is a pleasure to record, that is, that the Congress this year having the younger men in the majority—a “younger men's Congress” as one speaker termed it—showed the utmost respect, and one might say, affectionate regard for the seniors who were unable to be present on account of age or failing health, remembering them in a warm manner, and acknowledging their indebtedness to them. Those specially named were Dr. DUDGEON, Dr. ARTHUR C. CLIFTON, Dr. HUGHES, and Dr. POPE. The Secretary was formally requested to write to these distinguished men, and convey to them the warmest regards of the Congress. Such an episode is quite touching, and reflects the greatest credit on the part of the Congress towards their senior colleagues. We rejoice, however, to know that

Dr. HUGHES was absent necessarily, but not on account of either of the causes we have named.

On the day following the meeting, the Vice-President gave a garden party at his beautiful house, a few miles from Liverpool. We were, unfortunately, unable to stay for this, and so we cannot describe it from personal knowledge, but we are sure that it was much enjoyed, and that Dr. and Mrs. J. D. HAYWARD dispensed their hospitalities in a kind, genial, and graceful manner. On account of the threatening weather and the onset of rain the idea of going for an excursion to New Brighton Tower was not carried out.

THE PRESIDENT'S ADDRESS.¹

LADIES AND GENTLEMEN:—

In presiding at a Congress of Homœopathic Practitioners in the new century, in this flourishing and prosperous city of Liverpool, let me congratulate both the city, and its people, in having been the first in this country after London, in the promulgation of the homœopathic doctrine; and how much we and the world at large are indebted to the early pioneers of Homœopathy; such men as Chapman, Hilbers, Drysdale, Roche, Moore, and others who made homœopathy what it is here, and from their practice and teaching converted some of our best men who are still among you following in their footsteps, whilst others are carrying out the same pioneer work in all parts of the globe!

As Tennyson says:—

“ Yet I doubt not through the ages
One increasing purpose runs,
And the thoughts of men are widened
By the process of the suns.”

This is the first Homœopathic Congress of the new century in this country. The subject of my address will be:—

“ THE NEW CENTURY AND THE INCREASING PURPOSE OF THE MEDICAL AGE.”

It is now a little more than half a century since the first Homœopathic Congress was held at Cheltenham in September, 1850, lasting for two days. This was attended by upwards of thirty Homœopathic practitioners from all parts of the British Empire, and was a great success. The presidential address was by Dr. Black, who opened the session by saying “ Man is eminently

¹ Delivered by Dr. J. W. Hayward, in the absence of Dr. George Clifton, at the Annual Congress held at Liverpool, September 19th, 1901.

social and it is strongly inherent in his nature to form associations as tending to his defence, happiness, and knowledge. In these Congress Meetings we desire to cultivate kindly intercourse, and to discuss various points bearing on the improvement of therapeutics, and we feel that such labours cannot be carried on so well singly and independently as by hearty co-operation."

And as Dr. Bayes in his address in 1875, at the Congress in Manchester, speaking on this subject, says:—"The results of these Congresses have fully justified these words of *exordium* and has shown the foresight of those men who inaugurated these assemblies."

Socially and professionally they have given a tone and earnestness to our body, tending to improve our position and increase our usefulness.

The purpose of our Congress is also to testify that homœopathy is neither dead nor dying, but a living and increasingly active force in therapeutics, and also to prove that Oliver Wendell Holmes, although a poet, was anything but a true prophet when he said, about half a century ago, that in forty years there would not be a homœopathic physician left.

How different to this are the words of Sir John Forbes, a leader of the old school, who about the same time, in speaking of Hahnemann, proclaims him as "One whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, as ingenious as many that preceded it, and probably destined to be the remote if not the immediate cause of more changes in the practise of the healing art, than have resulted from any promulgated since the days of Galen himself."

I shall notice first—Our position as members of a high and honourable profession at the time of our first Congress.

Secondly—Changes that have taken place since then.

Thirdly—The causes that have led to these changes.

Fourthly—Our position and purpose in this new era, and how we propose to widen the thoughts of men by bringing the sunlight of truth and the laws of nature into more general practice.

Homœopathy and homœopaths, fifty years ago, were fighting a very uphill game—fortunately our old warriors were men of metal and grit as well as of high professional attainments—few of these are with us now, but we ought ever to keep in mind the deeds of our fathers.

Amongst these noble men, many of whom you were personally acquainted with, Quin at the head of the London men, Cameron, Chapman, Chepmell, Dudgeon, Engall, John and George Epps, Hamilton, Hering, Holland, Leadam, Metcalfe, Vardy, Wilkinson, David Wilson, Yeldham, and others, while in the provinces, Fearon, Lawrence, Parsons, of Birmingham,

Madden of Brighton, Ker of Cheltenham, Norton of Chester, Black of Clifton, Dunn of Doncaster, Guinness of Exeter, Ramsbotham of Huddersfield, Scriven of Leamington, George Hanson of Leicester, Drysdale, Hilbers, Moore and Roche of Liverpool, Gully and Marsden of Malvern, Phillips, and Walker of Manchester, Sharp of Rugby, Hayle of Newcastle, Blake of Taunton, Professor Henderson, Rutherford Russell and Sunderland of Edinburgh, Blyth, Scriven, and Walker of Dublin, Luther of Cork, and many others.

Some of these men were driven by persecution from professional positions as teachers in their universities, most of them had large and lucrative practices, but with undaunted faith that they were in the right, one and all, faced persecution and obloquy, and became the pioneers of the law of "*Similia similibus curentur*" in therapeutics in their country. Many of them came to be recognised, even by their enemies of the old school, as men of high character and nobility of purpose. Most of them have passed to their reward, leaving behind the fragrance of grand and useful lives spent in the service of their fellow men. At that period, men holding the highest professional attainments, if they dared to call themselves homœopaths, were at once denounced as pariahs and outcasts, and were cut off from all professional intercourse with their brethren. Many of you will remember how in 1851 the British Medical Association attempted and yet as ignominiously failed, to stamp out "*The Black Heresy of Homœopathy!*"

At different times during these past fifty years attempts have been made, as at Birmingham, to prevent homœopathic physicians from joining the local medical societies.

As for the London medical societies, they have in most cases boycotted men who are acknowledged homœopaths from becoming members.

All this, however, has been a blessing in disguise, as it has made our best men unite together, as in the British Homœopathic Society. At this society, as well as at its provincial branches, papers are read and discussed which often far eclipse (both in their erudition and careful scientific research) many of the effusions of the other medical societies.

The effect of this persecution of the practitioners of homœopathy (can we not now glory in it?) has been the founding of the modern and up-to-date Homœopathic Hospital in London, our Hahnemann Hospital in this great city, our Birmingham, Bournemouth, Bromley, and other hospitals.

To this persecution, we owe the innumerable dispensaries, which have done so much for the spread of homœopathy; the famous *British Journal of Homœopathy*; the *Monthly Homœopathic Review*, the *Homœopathic World*, the *Annals*

of the *British Homœopathic Society*, and later still the *Homœopathic Hospital Reports*.

Moreover, from this early time how much we as Homœopaths are indebted to our homœopathic chemists, men like Epps, Headland, and Leath of London, Turner of Manchester, Thompson and Capper of Liverpool, Congreve of Birmingham, and many others.

Speaking of my personal knowledge of some of these, such men as my old master, Henry Turner; when he commenced business as a homœopathic chemist, he started a library of homœopathic literature which circulated largely amongst medical men. Pamphlets, lectures, and tracts, he distributed broadcast amongst the laity.

I believe it was Dr. Chapman who had a large homœopathic *clientèle*, in Liverpool, who persuaded George Thompson & Sons, an old Quaker firm of chemists, to procure homœopathic medicines. Thompson soon became convinced of the truth and introduced it everywhere, much to the disgust of the large number of doctors who patronised his shop and who refused to send him their prescriptions. Then their partner, Capper, who had homœopathy thoroughly at heart, devoted yearly £20 in sending to medical men and others the best literature, as "Sharp's Tracts," "Horner's Conversion," etc., etc., thus making genuine homœopaths of the laity, who then went to a homœopathic doctor not merely because he was a doctor, but because he was a homœopathic doctor.

I should like to take this opportunity of appealing to our homœopathic chemists, many of them men of high attainments, to think less of pushing their proprietary articles, especially where such articles contain a combination of drugs, and are advertised to cure a variety of ailments, thus degrading the law of "*Similia similibus curentur*," but rather to the devoting their energies to the procuring from the best sources therapeutic remedies prepared in accordance with the *Homœopathic Pharmacopœia*; only by such means will the profession and public be supplied with reliable remedies, and the unprincipled vendors of cheap, and ill-prepared medicines meet their deserts.

Further, I still believe much was also done for the advancement of homœopathy by judicious counter prescribing, and by the issue of the various treatises on domestic homœopathy and home treatment, for those who had *faith* in the *principles* of homœopathy and were careful in their selection of their drugs.

This brings me to my second point—

CHANGES SINCE THEN.

As briefly as possible I will give my own knowledge of the

position of homœopathy, which goes back to about the time when the late Dr. Pearce went to Northampton to practise as a homœopath, and where my brother was the homœopathic chemist. This was just after the attempt of Wakley, the coroner in London, to obtain a verdict of manslaughter against Pearce because he was then unqualified and treated his brother homœopathically, although his case had been pronounced hopeless by his regular medical attendant.

From 1855 or '56 I was with Henry Turner as a chemist in Manchester until 1858: from there I went to Leeds to manage a branch business, then to London with Leath & Ross, till about 1863, when I commenced business in Ipswich as a homœopathic chemist. A few years later, after studying medicine and surgery at St. Thomas's Hospital, London, and the Royal Infirmary, Glasgow, I qualified as a physician and surgeon; since which time I have been in practice in Leicester.

When you so kindly elected me at our last Congress in 1899 to be your president at this meeting in Liverpool, I was led to ask myself the cause of the honour you did me. I felt that it could not be on account of my literary abilities, as I am not given to writing papers, and could not give you, as many of my predecessors in this chair have done, an up-to-date scientific *brochure*, but that your kindness was in honour of the position I then occupied as Mayor of Leicester.

You having accorded me that honour, I intended to devote part of the leisure of August to preparing a presidential paper, when my unfortunate illness laid me on one side and prevented me devoting the necessary time to so important a subject.

Having settled in Leicester, the town of my adoption, as a general practitioner—at first looked down upon and ostracized as a heretic by the leaders of the orthodox school—I nevertheless determined (by courtesy and obeying the general rules of medical ethics) to win my way to such a position that I, a Homœopath, might at least for one year be called the first citizen of the borough, and show that even a heretic could be a good citizen, honoured by my townsmen both lay and professional.

I have had twenty years of public life as Town Councillor, Alderman, and Justice of the Peace; part of which time I was Vice-chairman of the Health Committee, Chairman of the Borough Isolation Hospital, and for the last twelve years I have been Chairman of the Borough Asylum Committee, which position I still hold.

As these years passed by I found that not only the medical profession, but all sections of the community, saw that my purposes were open and straight orward. During my year of office as Mayor I received congratulations from all sides, and was honoured by about a hundred of the principal

members of the medical profession joining me at a dinner, and by being invited by them to their dinner held in honour of the Centenary of the Leicester Medical Society. Now, with few exceptions, we meet together in consultation, and several have brought their patients to my consulting rooms for my opinion and advice.

This experience of the changes will be more or less borne out by many of you. I think it will be our own fault if we do not continue still more, by all fair means, to assert our ability to take front rank in all spheres of progress that are open to us.

The third point I would touch upon is with regard to

THE CAUSES OF THESE CHANGES.

Many and complex as they are, may we not say that it is first because not only at all our Congresses, but in his own sphere, each individual member of our body has determined to uphold the Banner of our Army, which bears emblazoned in imperishable letters one of the laws of nature, "*Similia similibus curentur*?" How well, indeed, our fathers, by their lives and actions, made this their motto!

The good work that has been done through our British Homœopathic Society and kindred associations, which have been the means of these changes, through their members standing firm by all the ethical traditions of the profession, by keeping their aims and endeavours in upholding the law of similars, and also in showing how this is in unison with other natural laws relating to therapeutics.

Then the gradual but steady trend of the great thinkers of the past medical age towards a more accurate knowledge of the changes produced by any alteration from a healthy organism, the causes of these changes, whether from abnormal development of healthy life, or from outside, bacterial impregnation. Searching how to meet and how to check these changes, not by any haphazard rule of thumb treatment, as in the old days, but by trying to find the remedy for these changes that might restore the even balance of health. Many of whom, groping in the dark, hardly daring to apply the law of "*Similia similibus curentur*," finding certainly the old law of contraries ineffectual, have so very nearly approached what we consider to be the true law of cure by supplying to the diseased organ a medicine which produced a similar change when given to a healthy body. How near they are getting in their Isopathic treatment of disease with the numerous thyroid and other glands or serumpathic remedies! not yet distinguishing the difference between the similar and the same remedy. Also the tendency of the age to the finding of a single element or drug to alter these unhealthy changes.

OUR POSITION AND PURPOSE IN THIS NEW ERA.

What then is our position? We (I feel you will admit) are like some of the different bodies in the theological world, holding our own faith in the great principles of truth revealed, still wishing to widen the thoughts of men that not only this law of nature, but every other, may have a fair field and no favour.

I know that some of our best men have hankered after being recognised as members of "The Established Medical Church."

To admit the desirability of a united profession, we cannot do this till we have it acknowledged, as the immortal Dunham says, that "Homœopathy is the science of therapeutics."

Homœopathy is based on three generalizations. (1.) A rule of practice that is of universal applicability as far as medicinal agents are concerned. (2.) The practical application of this rule is made possible by the methods of ascertaining the therapeutic range of drugs by proving them on healthy human beings, as introduced by Hahnemann. (3.) The best method of increasing the value of some drugs, by sub-division, as admitted by scientific investigators of all schools.

The Homœopathic School, therefore, has a distinct but not antagonistic organization, and still has an exalted mission to fulfil in the special field of therapeutics.

If we are sailing in more peaceful water, now is the time to prepare for still higher work, the success of which depends on our still holding firm by the law laid down by Hahnemann. Stagnation leads to degeneration. Our materia medica, therapeutics and practice, must ever be our first thought, as this is about the only difference between us and the general body of the profession.

Are we as a body, especially in England, making the same progress in studying and advancing our therapeutic knowledge as is being made in other departments of medical knowledge? if not, we are bound to go backward and drift back into empiricism.

Let every new remedy that bears with it a sign of usefulness be investigated and carefully looked at from the homœopathic standpoint, as we differ from all other schools in having a scientific basis for the application of drugs to disease. Our mission lies in propagating this truth, and in keeping it abreast with all modern discoveries. And we should ask ourselves:—

Do we try to teach our patients the truth of homœopathy?

How often do we give them a pamphlet or leaflet explaining what homœopathy is? Do we not rather leave them in ignorance to think more of our individual selves rather than of our system?

With regard to the general progress of homœopathy since our last meeting, I need say but little. Nor need I speak

of the much larger general acceptance of the truth of our law, which is so patent to all.

In Berlin, the stronghold of traditional medicine, the homœopaths have been bestirring themselves, acquiring ten acres of land and building a homœopathic hospital. In Paris, as you know, the body of our revered master has been removed to a more fitting resting place, and a suitable tomb enshrines his ashes, among the renowned men of his adopted country in the cemetery of Père la Chaise.

The increasing activity and usefulness of our hospitals and dispensaries in this country demand a passing reference.

Your successful bazaar held just lately in this city for the nursing institution in connection with your Homœopathic Hospital entitles you to our congratulations.

The election as a member by the French Medical and Surgical Society in Paris, of the Surgeon to the Homœopathic Hospital, of S. Jacques is most gratifying. On that occasion one of their members, Dr. Berthod, for instance, says: "I believe the homœopaths operate surgically and obstetrically as we do. Homœopathy appears to be a system which has its special indications. Be the question what it may the system may with utility be discussed and studied by us."

In America, fifty years ago, there was only a small band of homœopathic physicians, now there are about 13,000 graduated and registered homœopathic physicians, with innumerable hospitals, asylums, etc., under State control.

In India and our colonies the system is steadily making headway.

Surely then we may take heart, and in the words of an American poet, who says in an Invocation to Hahnemann:—

"Look down, O Spirit, from thy celestial sphere,
Behold the days of persecution past;
See this assembly of thy followers here
Proclaim the triumph of thy truth at last.
Behold the once torn waters of the sea
Of Therapeutics breaking on the rocks
Of doubt and error and uncertainty,
Tearing the Lifeboat with incessant shocks,
Now smoothed by thee, and with a better chart,
On it the mariner shall safer steer;
And taught by thee with thankfulness of heart
Shall watch thy beacon and dispel his fear.
Among the epoch-making men whose thought
Illuminated the world there dost thou stand,
Thy battle for humanity well fought,
Bearing thy mottoed banner in thy hand."

we thus give our praise to the founder of so beneficial a system.

May we not conclude that Homœopathic Therapeutics are an "increasing purpose in the medical age," and that they will do more for the relief of suffering humanity than any other system of medicine promulgated in the past century?

CARDIAC DEBILITY.¹

BY HERBERT NANKIVELL, M.D.

THERE is no doubt that conditions falling under the head of Cardiac Debility have come into far greater prominence during the last quarter-of-a-century. As a considerable amount of this special trouble must be due to the altered environments of civilized life during this period, it is more than probable that the new century will see a large increase in the number of persons suffering therefrom. I may appeal to such of you who are practising medicine in large and busy cities on the one hand, and to those of you who reside in Health Resorts on the other, as to whether this is not the case.

In discussing this subject within the limits of a Congress paper, I think it will be well to indicate the special directions in which I shall endeavour to lead your thoughts, and the special limitations to which the time at my disposal demands that I should adhere.

I intend to exclude from my scope this morning all alterations of the pericardium and endocardium, adhesions in the one, roughnesses in the other, insufficiencies and stenoses of valves, except in so far as these subserve alterations in the myocardium itself. They will have of course to be mentioned as causes, and vigorous causes, of change of form and structure in the heart, of dilatation first, of compensating eccentric hypertrophy afterwards, of degenerative change from overwork, of mal-nutrition, and finally of that weakness and secondary dilatation which in time destroys the remedial compensation. But so long as the myocardium remains vigorous and effective, so long life is safe and may be vigorous and active, even in the presence of marked valvular disease.

Apart from acquired conditions we may recognise three or four types of heart muscle: (1.) That in the man of strong nervous and muscular development, and of standard blood plasma. The heart shares in the qualities of the type, and will bear without damage a large amount and variety of physical and mental strain. It will recover rapidly from conditions of over fatigue. Even if a dilatation has been established, it will regain its powers readily under rational treatment.

¹ A paper read at the Annual Meeting of the British Homœopathic Congress, held at Liverpool, September 19, 1901.

(2,) That in the man of spare type and sedentary habits. It may be as healthy though less robust than in the first type. It will, however, give way to great strain more readily, and repair will be effected more slowly.

(3,) The third type exists in the plethoric man. In early middle life the amount of fat connected with it is above the average. As years go on this adiposity increases: finally the myocardium itself becomes infiltrated with fat, and later on a true fatty degeneration is established—a condition of the gravest import.

(4,) The nervous and emotional heart constitutes the fourth class, and this notwithstanding that it is in the nerve supply, rather than in the myocardial structure, that its peculiarities are to be found. The behaviour of the heart is so bound up with the influences conveyed to it through the nervous system, that we cannot dissociate the myocardium from its nerve supply in any consideration of cardiac endurance and vigour.

I refer you to Plates 2 and 3 as illustrations of the robust heart gone wrong from over-muscular strain; No. 4 is the heart of a sedentary Londoner, which a long day's cycling dilated four months before the tracing was taken; No. 12 is the heart of a spare, temperate man, which gave way gradually under a life of hard business habits; No. 13 is the adipose heart of a plethoric man, in which an acute fatty degeneration was commencing; No. 7 is the nervous heart of Graves' disease with which both dilatation and valvular troubles were already associated.

Besides the temperamental view of the heart, it is necessary to consider the chief effects of age on this organ. I put on one side congenital weakness and anomaly, and would merely point out that from 18 to 35 we have the heart of vigorous youth and early middle age; from 35 to 50 the period of lessened muscular and vascular activities; from 50 to 65 a heart muscle which is beginning to feel the stress of degeneration in its own tissues, and the greater burden laid on it by distant arterial changes and possible renal inefficiency; after this we come to the senile heart, the power of whose muscle, apart from disease and accident, depends almost entirely on the wisdom and temperance of its owner. Plates 10, 11 and 12 represent hearts from 50 to 65;

FIG. 1.—EFFECTS OF BICYCLING.

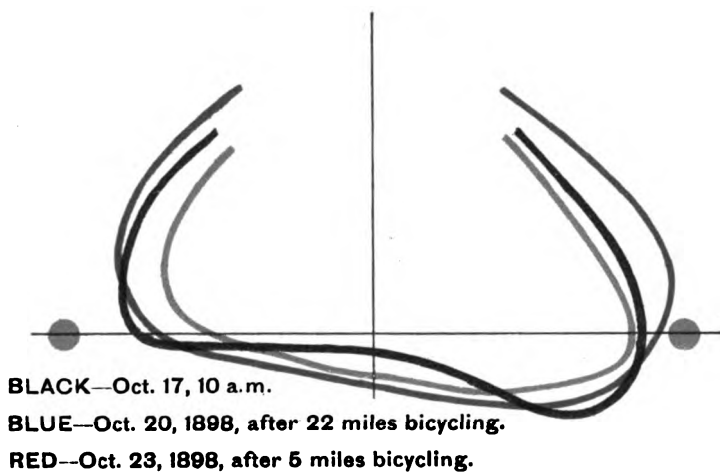
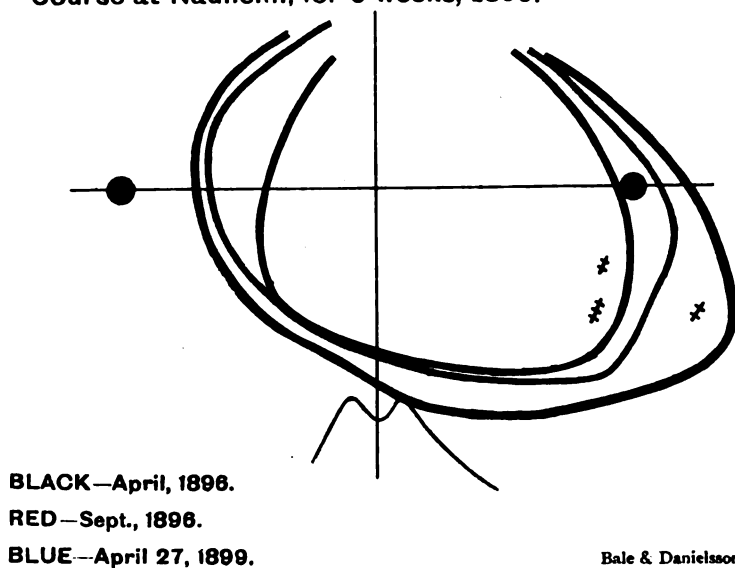


FIG. 2.—ATHLETICS.

Athlete ; bicyclist ; smoker.

**Apical and basic systolic bruits ; very irregular pulse.
Course at Nauheim, for 6 weeks, 1896.**



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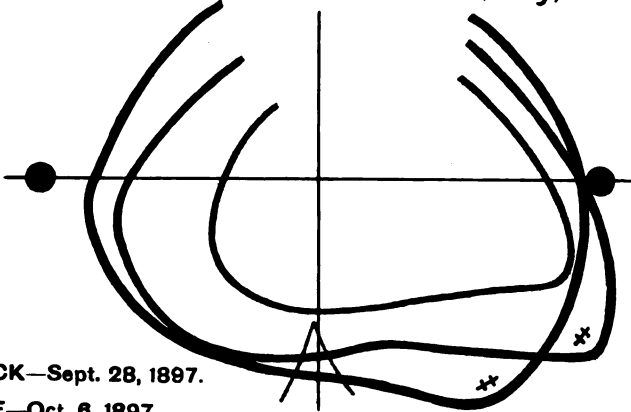
FIG. 3.—ATHLETICS.

Running; bicycling.

Tricuspid incompetency.

First symptoms, May, 1895.

P. 100, Sept. 28; 60, Nov. 24. Break-down, May, 1896.



BLACK—Sept. 28, 1897.

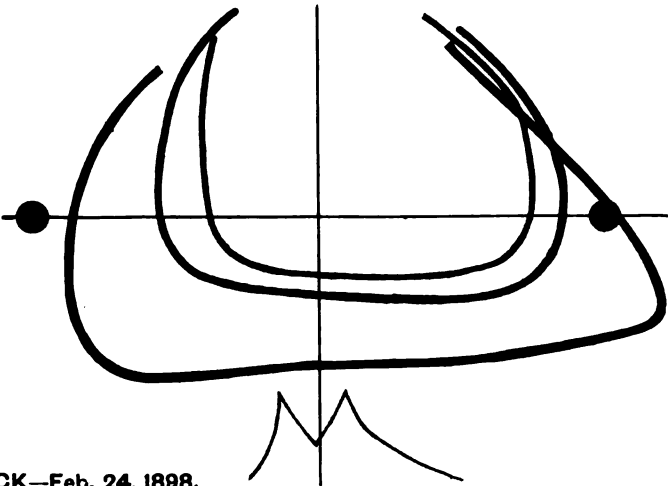
BLUE—Oct. 6, 1897.

RED—Nov. 4, 1897.

FIG. 4.—ATHLETICS.

Over-bicycling, single day, 4 months previously.

No bruits.



BLACK—Feb. 24, 1898.

BLUE—March 10.

RED—April 18, 1898.

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Plate 15 was that of a man of 72; Plate 14 that of a case between 75 and 80.

The circulatory apparatus is a closed tube divided into two portions, the pulmonary and systemic, each fitted with a pump provided with valves, and consisting of an auricle, essentially the receiving organ, and a ventricle, essentially the propelling organ. Of the valves, the pulmonary and aortic are diagrammatic, inserted into the commencement of their respective arteries and acting automatically; the tricuspid and mitral are, on the other hand, more irregular in form, attached by their freer edges to muscular columns, and able to yield under certain conditions, without injury to their structure, to the forces applied to them within the dilated but still powerful heart. Plate 2 indicates a heart with mitral insufficiency, as does also Plate 7; Plate 8, on the other hand, one with tricuspid insufficiency. These three instances of valve-impairment were all temporary in character and dependent on the myocardial dilatation.

In order further to ensure the correct and simultaneous propelling power of the two hearts, we recognise also that they are very closely united, the intermediate septum serving for both of them, that many of the longer muscular fibres are connected with both sections, and that the extrinsic and intrinsic nerves and ganglia are intimately associated, and all this that the supply of blood to the organs should be regular and adequate.

It follows necessarily that, wherever obstruction arises, fulness and pressure must occur behind the points at fault; thus obstruction in the systemic capillaries and from arterio-sclerosis will lead to arterial fulness and tension, and, as with aortic insufficiency and stenosis, to dilatation and hypertrophy of the left ventricle; mitral stenosis and insufficiency, to hypertrophy of the left auricle, engorgement of the pulmonary circulation, and dilatation and hypertrophy of the right ventricle, which of course is similarly affected by pulmonary obstructions and also by defects in the pulmonary semilunars; finally, want of compensatory power in the right ventricle determines venous plethora and cyanosis, and, on the tricuspid failing to act, to venous pulse. But in all cases it may be said that the ventricles dilate and hypertrophy simultaneously, though not in equal ratio, except in cases of mitral stenosis, when the left ventricle naturally fails to dilate at all.

The sequence of changes on obstruction is always dilatation first, then a compensating eccentric hypertrophy, which for a time neutralises, but does not cure, the dilatation; but in hearts that have previously lost vigour, the compensation may be very slight and unsatisfactory. Further, dilatation may be too rapid in some cases for the compensating but laggard hypertrophy to overtake it, and in others it may be so insidious and gradual in its onset that the ventricle is not roused to a sense of its danger, and acts in the same way that a post partum uterus does, when invaded by a slowly growing clot, *i.e.*, it fails to act at all efficiently.

Examine even a vigorous athlete's heart after a prolonged wrestling bout, a runner's after a severe spurt, a bicyclist's who has been warring all day against a head wind. You will find in all these cases a distinct amount of dilatation, which will not subside, it may be, for some hours. I have already referred you to Plates 3, 4, 5, which bear on this subject. I now ask you to look at Plate 1, which depicts the effect of bicycling on a heart slightly dilated and wanting in tone, after several months of sedentary work. The black line indicates the heart before exercise; the blue line, the heart enlarged after 22½ miles steady bicycling, and I may note that the red line indicates the same heart a few days later after a ride of 5 miles only. You will note the marked improvement after the shorter ride.

Who has not seen cases of emotional heart disease? Prolonged and unrestrained grief may establish a dilatation and hypertrophy, and even be the cause of severe valvular lesions. At the menopause, irregularity and tachycardia may lead up to marked dilatation and serious tissue changes, and we may see the same effects induced during the progress of uterine myomata, and that not always in any proportion to the size of the tumours or the severity of the accompanying menorrhagia. In Graves' disease, you get tachycardia, and, it may be, dilatation and valvular lesions; in the case depicted on Plate 7 there existed an aortic stenosis of a permanent character, and a mitral regurgitation which disappeared under treatment. And we must not omit to mention those cases which arise in youths from pernicious habits, and in adults from sexual excess. I call to mind a case exemplifying heart trouble from this last cause; in

FIG. 5.—RHEUMATIC FEVER, 5 years before.

Rough mitral systolic, p. 56.

After treatment, bruit softer, p. 56.

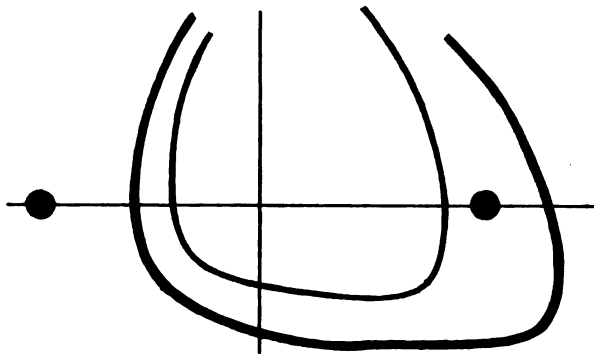
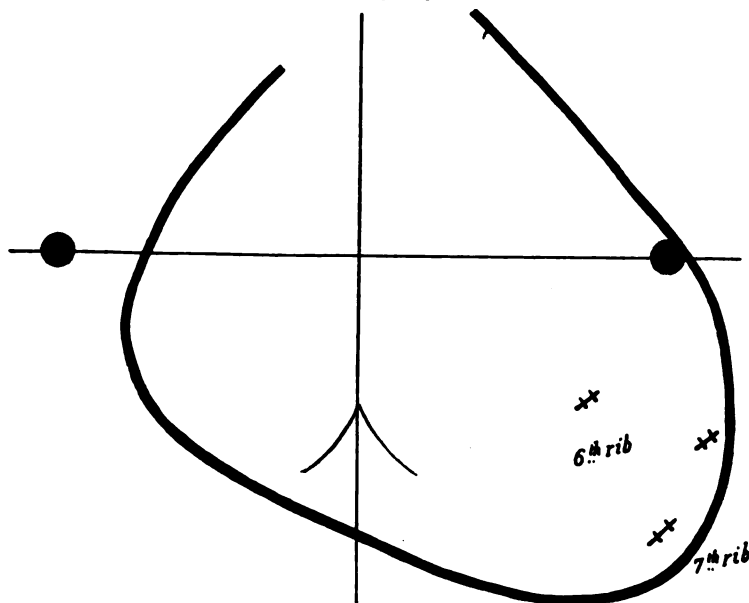


FIG. 6.—RHEUMATIC FEVER, 15 and 7 years previously; æt. 35.

Excentric hypertrophy—deteriorating.

Double aortic and regurgitant mitral.



Aug. 21, 1901.

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the evening the heart would pulsate heavily with a loud mitral systolic bruit and frequent irregularity, while in the morning before rising only a slight dilatation could be discovered. It was a true case of hysterical heart and caused its unhappy possessor any amount of suffering and distress.

In a previous paragraph I have referred at sufficient length to the cardiac changes induced by alterations in the arterial walls, by renal insufficiency, and by pulmonary obstructions (Plates 8, 9 and 10B); but I must here refer to the well-known fact that disease of the coronaries affects the nutrition of the ventricles, and that the interference to the blood supply to these arteries, which arises from insufficiency of the aortic valves, has a like result. The consequent innutrition of the myocardium is often intimately associated with the production of angina pectoris and cardiac asthma.

We must further include amongst the factors in the production of the weakened ventricle, the high temperatures which may obtain in severe malarial, typhus and typhoid fevers; the paralysis which may accompany or follow an attack of diphtheria; and, more frequently than all other of such causes, the debilitating effects of influenza, as we have known it during the past ten years, effects which may appear during the invasion of this disease, but which generally occur amongst its most distressing sequelæ.

Measles and scarlatina may be the cause of serious endocardial and pericardial trouble, and so of course may the gouty and rheumatic poisons. These last may, however, act directly on the myocardium as well, developing an inefficient contractility, and leading up to the development of fibrous replacements of the muscular tissue, as well as to cicatrices therein. The syphilitic and gonorrhœal poisons may also set up morbid actions in the myocardium, the first-named especially giving rise to one of the most intractable forms of cardiac debility.

The weak, irritable heart of anæmia must not be overlooked, before we pass on to notice the evil effects of certain articles of daily and habitual use.

Strong coffee and strong tea are both cardiac stimulants of value; their excessive use induces an irritable and irregular systole, from which relief is often sought by the ingestion of a fresh dose. This relief is of course

but temporary; permanent cure demands entire abstinence. Such cases are usually complicated with that form of nervous dyspepsia which arises from the same cause. English physicians generally substitute coffee for tea in their treatment. German physicians do just the opposite. The reason for this apparent discrepancy is well known to all who have drunk English coffee and German tea.

The habitual use of alcohol in the form of spirits, of the stronger wines, and beers, is often a cause of heart trouble. The immediate effect of large doses is to lower pulse, temperature and vitality; the chronic use depresses seriously the stability and activities of the nervous and muscular systems, and especially of the cardiac group thereof, and finally leads up to fatty degeneration. The drooping, bibulous lip reveals a condition of the "orbicularis oris" probably on all fours with that of the myocardium.

Cocaine, kola, *et hoc genus omne*, first stimulate and then paralyse. Everything that acts first as a heart stimulant ends in fuller doses by being a heart-paralyser. Work done under the influence of a stimulant is done at a ruinous cost to the economy of force, and has to be paid for hereafter.

A potential dilatation may be considered to exist whenever a few hours' exercise, worry or ordinary fatigue is able to induce this condition anatomically. Many a man who begins a day theoretically sound, ends it in possession of a dilatation which the night's rest removes. This state of things may go on for a long period and no further harm accrue from it. But it generally happens that, after a few months, or it may be years, a heavy anxiety, a longer day's work, a sudden rush to catch a train, or a fresh attack of influenza befalls, and the night's rest is no longer sufficient to repair the damage of the previous day. The man takes a further step down hill, and commences his new day's work with an already dilated ventricle. He finds himself rather less fit than before, less active in his movements, more inclined to dyspepsia. But he probably does not seek advice, and looks forward to a distant and problematical holiday to set him all right again.

Gradually he notices some dyspnoea on going upstairs quickly, or on making a short speech, or while brushing

FIG. 7.—GRAVES' DISEASE—CHRONIC.

**Mitral regurgitant—disappeared.
Systolic aortic—permanent.**

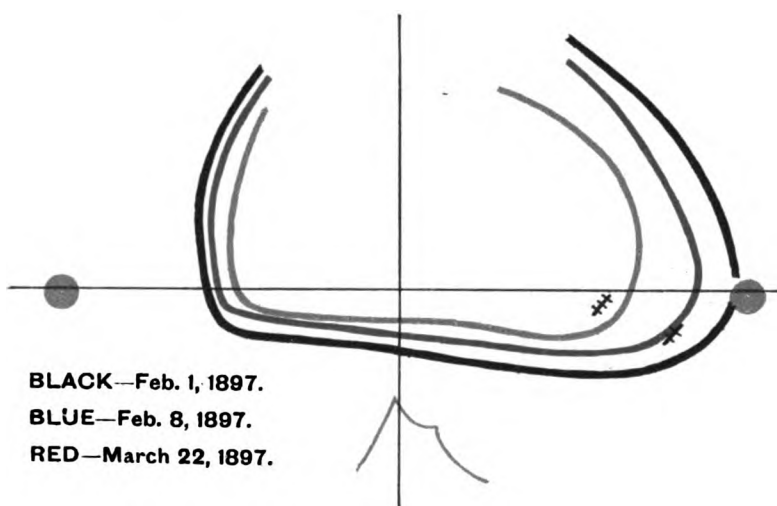
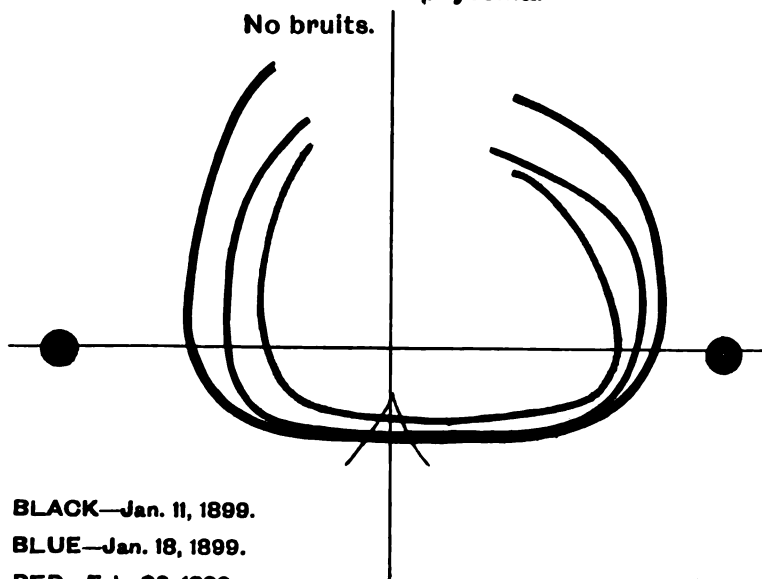


FIG. 8.—CHRONIC BRONCHIAL ASTHMA.

**Extensive emphysema.
No bruits.**



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his teeth: he gets flatulent dyspepsia, not after breakfast, but after lunch and dinner; he notices his pulse is either quicker and weaker, or slower and more intermittent than before; he gets insomnia during the small hours; the urine is far less copious during the day than in the evening, night, and early morning; it is a relief to expire through the half-closed lips, rather than through the nostrils, and that even when resting.

Later on occurs vertigo when rising suddenly from chair or bed; some sternal constriction is felt when walking faster than usual—it may be accompanied by pain inside the left arm; he gets retinal flashings, or buzzings in the ears, on running down stairs or jumping off a step; slight cedema of the feet may be noted at bedtime. Finally a crisis occurs—an epistaxis or a cardiac asthma, an angina or a syncope. "The end of these things is death."

In connection with the foregoing list of symptoms I would impress both on you, and on your patients, the value of the old maxim, "*Obsta principiis*." It is of first importance that a dilated heart be detected early, that the patient should be made aware of the condition, that the dangers of carelessness and neglect should be quietly explained to him, and that the hopefulness and efficacy of treatment should be assured to him.

We arrive now at the physical diagnosis of the dilated heart. There are of course advanced cases in which a mere inspection of the chest walls and the scrobiculus announce its presence, especially as it is then always connected with hypertrophy. Plate 6 illustrates this. There are other cases in which the increased area of absolute cardiac dulness—the margins of the lungs both being well pushed aside—tells the same story. But in earlier conditions neither inspection alone, nor determination of the absolute dulness alone, are of any value, and even in later stages they fail to be precise.

When the chest walls are but moderately covered with fat, and when there is little or no pulmonary emphysema present, it is comparatively easy by simple percussion of finger on finger to map out the full extent of the heart, even if the apex-beat be not discoverable as a guide, and in many cases the apex-beat cannot be detected. The change of tone between pure lung resonance, and that of lung covering the underlying heart, can be made out with

a little attention. But where the subcutaneous fat is considerable in amount, and where there is a large amount of emphysema present, this method fails.

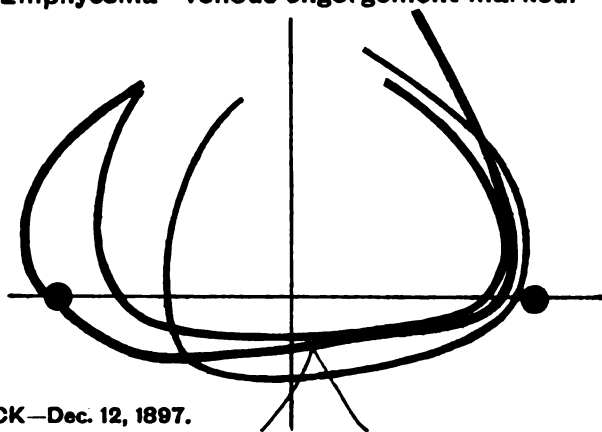
These difficulties can, however, be overcome by the use of the phonendoscope. In employing this instrument for the determination of the total cardiac dulness, the end of the projecting style should be pressed down with sufficient firmness on an intercostal space, covering a portion of the absolute cardiac dulness. Holding the instrument with the left hand, slight percussions are now made along the intercostal spaces in a direction away from the style at intervals of about $\frac{1}{4}$ inch, and if the percussions are made with the tip of the third finger, so as to include the nail edge in the percussing point, the results are very marked. As the tap of the finger passes beyond the heart border, the note almost suddenly alters in tone, and becomes much fainter. This point should be carefully marked with a soft pencil, and the process repeated in other directions until the full outline is made out. The outline to the right of the sternum can generally be determined without any further movement of the style, unless the dull area be very extensive. Percussion should be always made along the soft tissues, and not along the ribs, cartilages, or sternum, though in very fat subjects this rule may be somewhat disregarded, at any rate as far as the ribs and cartilages are concerned. It is a good rule to corroborate, as far as possible, by simple percussion, the results obtained by the phonendoscope method.

The most difficult cases to determine are those in which a very thin chest wall overlies an extreme amount of pulmonary emphysema. The extreme amount of tension and resonance in these cases makes the determination of dulness nearly as difficult as if the chest were "all sternum." Professor Schott relies much in pressing firmly on the chest walls with the second and fourth finger, so as to diminish the drum-like resonance, and percussing on the intermediate third finger, and there is much to be said for this method. Finally, we have in the X rays a complete way of overcoming this difficulty, if it cannot be otherwise surmounted.

It is quite important to take off on tracing paper the heart outline, noting also both the nipples, and either the xyphoid notch, or the sternal. Thus the *status quo*

FIG. 9.—CHRONIC ASTHMA.

Emphysema—venous engorgement marked.



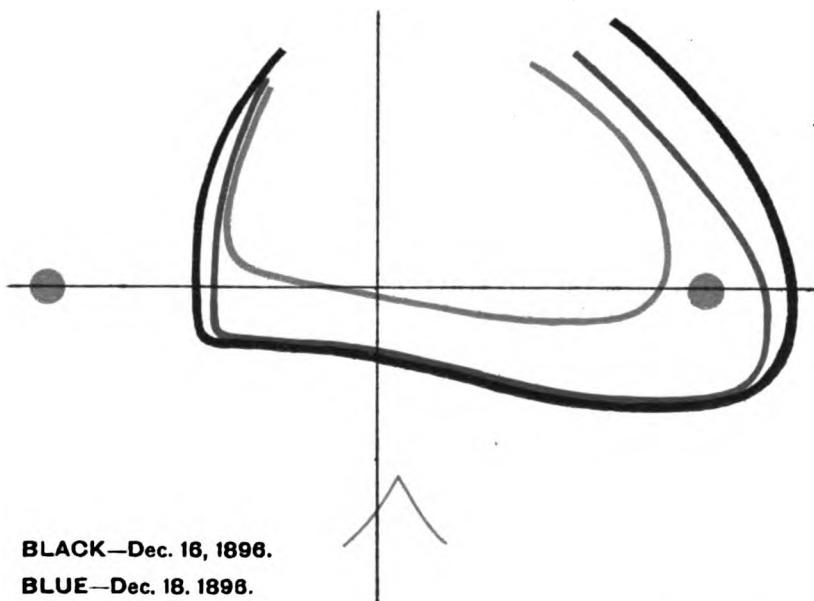
BLACK—Dec. 12, 1897.

BLUE—Jan. 1, 1898.

RED—June 3, 1898.

FIG. 10a.—PLETHORIC; GOUTY; BRONCHIAL.

No bruits.



BLACK—Dec. 16, 1896.

BLUE—Dec. 18, 1896.

RED—March 28, 1897.

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can be registered at any given date, and a strict comparison made with the conditions found at later dates. Effects of treatment can be precisionised, and the commencement of relapse detected without difficulty.

It is rather curious to notice the different forms which the enlarged heart area will take on; in aortic troubles the apex is generally elongated downwards and outwards, as in Plate 6, which, however, represents an enormous heart. Where the strain has been more general the heart enlarges in a more globular way as in Plates 2 and 3; large extensions on the right side are noticed in Plates 8 and 9, where the lungs were emphysematous, and some dyspnoea generally present; large fatty accumulations, as in Plate 13, loom largely on the right side of the sternum, though in every direction there is expansion; senile hearts give way, as in Plates 14 and 15, in either direction.

But whatever be the cause of the dilated heart, and to whatever degree it may have advanced, it will more or less rapidly pass on to a condition in which competency ceases to exist; a condition incompatible with vigorous life, with correct mental processes, with capacity for enjoyment or endurance, and finally with the continuance of life itself.

In passing to the question of treatment, I think it will be well to divide all cases into three classes:

- (1,) Those who must rest;
- (2,) Those who ought to rest;
- (3,) Those who need regulated exercise and bath treatment.

But first of all it is advisable to lay down some general and dietetic rules which will be applicable more or less according to circumstances.

On enquiry of each individual patient, it will be often found that some line of habit or dietary has been a factor in producing his morbid condition. This must at once be corrected, and, if he has been made aware of the necessity thereof, he will obey orders.

Diet.—All heavy articles, such as pastry, potatoes, goose, duck, pork and veal should be prohibited. Mutton, beef occasionally, chicken, game, fish (except salmon), the "air" vegetables, toasted bread, cooked fruit, especially apples, eggs, both raw and lightly cooked, and bacon are allowable; but little cheese,

though plasmon and its allies may be freely taken. Soups, beef teas, chicken broth, &c., should be avoided when more solid substitutes can be digested.

Drinks should be carefully regulated both as to quantity and quality; no strong tea or coffee should be permitted, and if taken at all they must be largely diluted with milk. Effervescing waters are objectionable, as well as beer and stout; brandy and whisky are to be administered only as "medicines," and the stronger wines in the same way. Light, still, good, wine, including Burgundy and claret, hock and Moselle, are generally allowable, but both quality and quantity should be regulated under medical advice.

Air. The patient should live in fresh air and plenty of it, night and day; it is as important to do so in heart-weakness, as in phthisis. Close and hot assemblies must therefore be avoided, especially in the evening and night.

Exercise, when it can be taken. Quiet walking is the best of all. Hills need not be avoided, if they are ascended carefully, and without losing breath. That must never be permitted under any circumstances, for it undoes remedial work: and for this cause all hurry, lifting, and straining, as when the bowels are costive, is to be absolutely avoided.

Bicycling should be forbidden until convalescence has been long and thoroughly established, and then only allowed with great precautions. The sudden deaths induced by too long rides, by cycling uphill, or against strong head winds, are significant of the dangers involved. It appears that the sitting position obscures from the patient's ken the imminence of exhaustion and syncope in a remarkable degree.

Cricket and football, rowing and swimming, are out of the question; tennis is occasionally permissible, croquet and Badminton generally so.

Shooting from a pony, trout fishing and angling may be pursued; but the salmon rod is far too heavy to be handled with impunity.

Rest. Early to bed at any rate. Nearly horizontal rest for fifteen or twenty minutes after exercise and after meals. If tolerably fatigued, a good hour should be taken.

Avoid staircases wherever and whenever possible; and generally all sudden, brisk movements; in starting for a

FIG. 10b.—DITTO AFTER BRONCHITIS AND ASTHMA.
Bath course in Nov. and Dec., 1897.

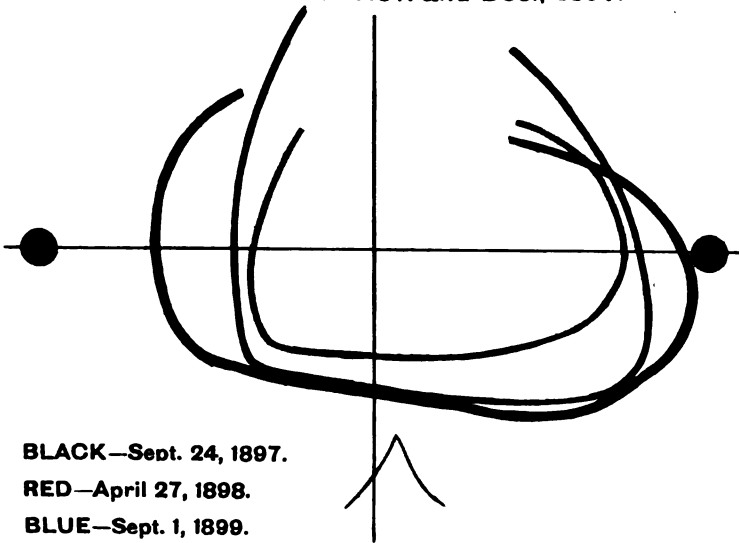
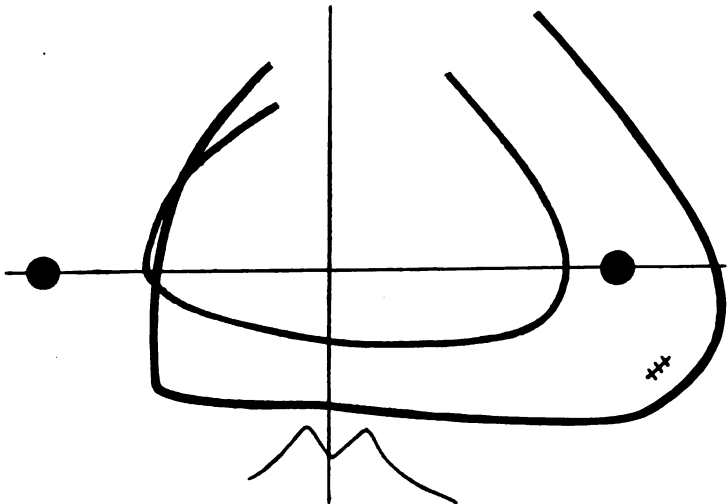


FIG. 11.—RECURRENT VERTIGO; æt. 60; arterio-sclerosis.
No bruits.



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walk the patient should train himself to move at first very slowly, especially if he is liable to angina.

Quick movement to catch a 'bus or a train; the crush of a steamboat gangway, or of a ticket office on a Bank-holiday; the excitement of a fire, of a street crowd, of a burning political meeting, are all to be shunned with diligence and perseverance.

Now as to those who *must* rest: this class includes all cases of advanced weakness complicated

- (1.) With renal lesion.
- (2.) With pulmonary lesions.
- (3.) With endocardial (valvular) lesions.
- (4.) With collections of serous fluid in the areolar tissues, the peritoneum, the pleuras and of course in the pericardium.
- (5.) With the production of pain, dyspnoea or syncope on slight movement; this will include all cases of advanced degeneration.

(7.) With the presence of any acute changes attacking the heart or any other organ.

The second class (those who *should* rest) includes:

- (1.) All recent cases of dilatation, arising from any cause.
- (2.) All early cases of recurrent angina, even when not of a severe type.
- (3.) A considerable number of irritable hearts (nervous palpitation and tachycardia) dependent on the menopause, an accession of Graves' disease, or arising in the course of uterine myomata.

Many of these cases, of the second class, at least, we may hope in due time to pass on to the third class, the discussion of which should, I think, follow rather than precede a few words on the most useful cardiac remedies.

I have endeavoured in vain to classify these remedies; some are markedly depressors as aconite, cocculus, ergot, tabacum, the serpent poisons and verat. viride; others are just as markedly tonics, like apocyn. cann., cactus, digitalis, convallaria, strychnine, strophanthus and spartein; while a third class act like arsenic, barium, iodine, iron, and phosphorus on the heart tissues. But the sphere of action of any one medicine is never quite confined to a single direction, and one can only venture on this generalisation, *viz.*, that depressants must be

given in dilutions, tonics in moderate or full doses, and tissue remedies in limited, but continuous, ones.

I am therefore compelled to give an alphabetic *resumé* as the only way out of this *impasse*, asking you to remember that it is with the condition of debility alone that I have specially to do, and that I am giving only the leading medicines and indications.

(1.) *Aconite* in the small dose, in irritable, irregular, quick heart, with or without pain of a rheumatic stitching character, and anxiety; also in irritable hypertrophied heart with general distress, in medium doses.

(2.) *Apocynum cannabinum*: in weakened and dilated heart with anasarca, the kidneys being fairly sound.

(3.) *Arnica*: in all sufferings arising from over-strain, and over-fatigue.

(4.) *Arsenic*: in most chronic forms of myocardial weakness, especially when complicated with asthma, emphysema and bronchitis. In fatty degeneration (earlier stages), especially in the form of the iodide; and in the dilated heart of advanced phthisis.

(5.) *Barium*: while markedly useful in aneurismal changes, acts favourably also on the myocardium. Special notice has been taken of it as prescribed under the form of Llangammarch water.

(6.) *Cactus grandiflorus*: introduced and proved by Dr. Rubini, of Naples, forty years ago, has become every year better known and valued. In smaller doses it is very useful in anginous cases; in fuller doses it strengthens and corrects irregularity and is specially used in the tobacco heart.

(7.) *Caffein* with which I shall connect *Coffea cruda*, *Thein* and *Cocain*, in small doses relieve the nervous, irritable, rapid heart; specially should *Cocain* in dilutions suit tachycardia and palpitation. In fuller doses they may all be used as palliative stimulants of temporary value.

(8.) *Cocculus* is most valuable in those acutely suffering cases, where the weakened heart is distressed by accumulations of gastric intestinal flatus: the relief is oftentimes very marked.

(9.) *Convallaria* I have seen very useful in the weakened senile heart: in small doses it may be taken for weeks together with sustained effect.

(10.) *Digitalis* in small doses (2 dil.) will relieve the distressing palpitations which often accompany a slow and irregular pulse. Generally it is given in fuller doses to sustain a failing ventricle when dropsy threatens: its action on the smaller arteries contra-indicates its use in cases of arterio-sclerosis. Kidd and other writers note specially the improved action of *Digitalis* after *Merc.*

FIG. 12a.—PLETHORIC; GOUTY; INSOMNIA.
No bruits.

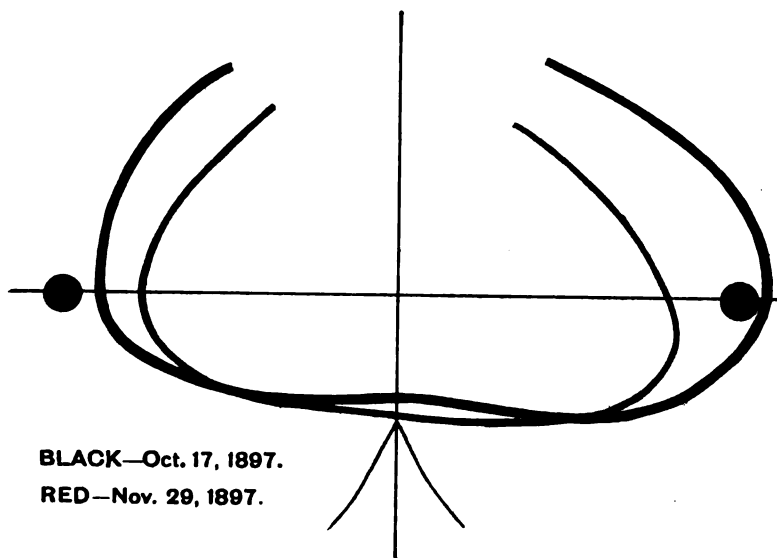
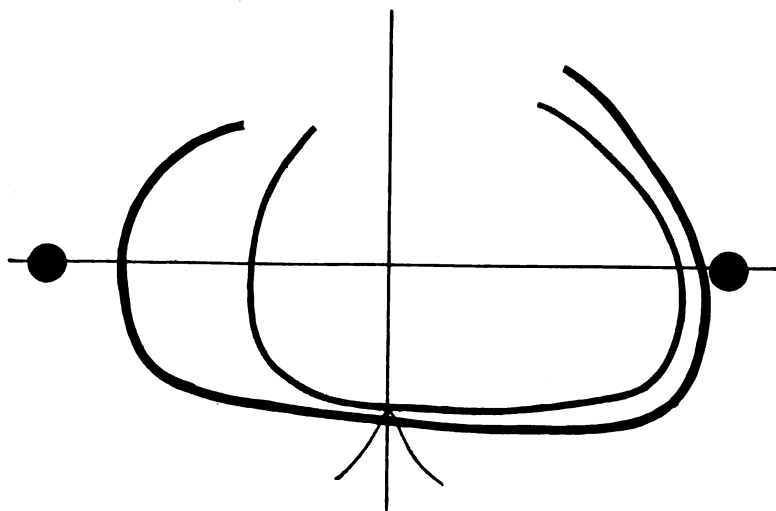


FIG. 12b.—DITTO AFTER SEVERE STRAIN.



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(11.) *Ergot* I have found most useful in aged people with blueness and coldness of the extremities depending on weakened hearts, arterial atheroma, and threatening gangrene; it should be given in drop or fractional doses.

(12.) *Ferrum*: in the weak heart of anæmia this remedy is very fairly specific, and, generally speaking, it shares with arsenic a special tissue action on the heart muscle. There is no necessity to give it in massive doses; one grain of the protoxalate, a teaspoonful of hæmatogen, or two or three minims of the perchloride tincture, are ample.

(13.) *Glonoin* has a special sphere of its own in the relief of angina, and has a more permanent action and is safer in administration, than its congener, the *Nitrite of Amyl*. Causing as it does palpitation, dyspnœa, and chest oppression in full doses, its therapeutic application in the relief of breast pang is very marked. Further, its action in dilating the smaller arteries, even temporarily, is valuable in arterio-sclerosis and renal trouble; and menopausal flushings come well under its influence.

(14.) *Iodine*, especially in the form of *Potass. iod.*, we must notice from the prominence given to it in writings of the so-called orthodox school as to its value in fatty heart. I presume it is specially useful in the fat heart, and in the early stages of degeneration. It can scarcely be of value in the later ones, and may indeed lead rather to earlier dissolution than otherwise.

(15.) For time's sake I must class *Ignatia*, *Nux vomica*, and *Strychnine* together. *Ignatia* is more than valuable in the simply emotional heart, and in the special gastric, cardiac, and nervous symptoms, that accompany tea-poisoning. *Nux vomica* would be most used when distinct gastric symptoms, from errors of diet and drink, accompany or have preceded heart symptoms. *Strychnine* in small doses is useful in the same conditions, and in larger doses as an effective remedy in sudden cardiac failure after or during diphtheria and influenza, when it should be administered hypodermically.

(16.) For the same reason it is necessary to class together the serpent-poisons, *Lachesis*, *Crotalus*, and *Naja*. They are all indicated for heart failure arising in septic, or semi-septic conditions. The first is also especially useful in climacteric conditions and climacteric heart; and the last in chronic heart weakness with local nerve-sensations and even severe pain. *Crotalus* would undoubtedly be of value in the myo-cardial conditions, which occasionally follow hard on the heels of the eruptive fevers.

(17.) *Mercurius*, in the form of calomel, has been often used with advantage by the older school in heart disease associated with dropsy. It almost seems as if it had a specific power as a

heart- tonic, difficult, except on one hypothesis, to reconcile with the undoubted feelings of debility, with which its action is so often credited. In the form of *Merc. corr.* we recognise its great value in those cases marked by arterio-sclerosis, or complicated by renal lesion. It has to be given carefully in small doses, and for a considerable time.

(18.) *Phosphorus* is undoubtedly indicated in, and has been used with advantage in, cases of fatty degeneration ; indications of general fatty degeneration, and lessened hepatic dulness, add to the picture of disease in which it might be effective. There are records of its value in nervous palpitations, and it is markedly of use in right-sided weakness and dilatation, especially when complicated or caused by pulmonary congestion and consolidation.

(19.) *Sparteïn* in the second decimal solution appears to act as a tonic to the heart's action, and is to be noted as practically a reintroduction of an old herbal remedy in different form.

(20.) *Spigelia* is of less value than most remedies in actual dilatation, but it has a remarkable effect in calming the palpitation of nervous hearts, and in relieving pain and distress of quite marked character in the precordial region, especially when associated with a form of hemi-cranial neuralgia. It is essentially a more useful remedy in women than in men.

(21.) *Supra-renal Medulla* has come to the front as one of the new gland remedies in heart troubles. Its sphere seems to lie in controlling tachycardia and heart failure. Whether or not it has any effect on the endocardium and valvular structures remains to be proved ; its value in controlling interstitial keratitis might lead one to suppose it possible. Its intravenous use has lately been advocated by Drs. Slight, Malcolm, and W. E. Frost, of Edinburgh, in sudden and extreme cardiac failure. Five grains are to be administered in a warm 0.9 per cent. solution of salt.

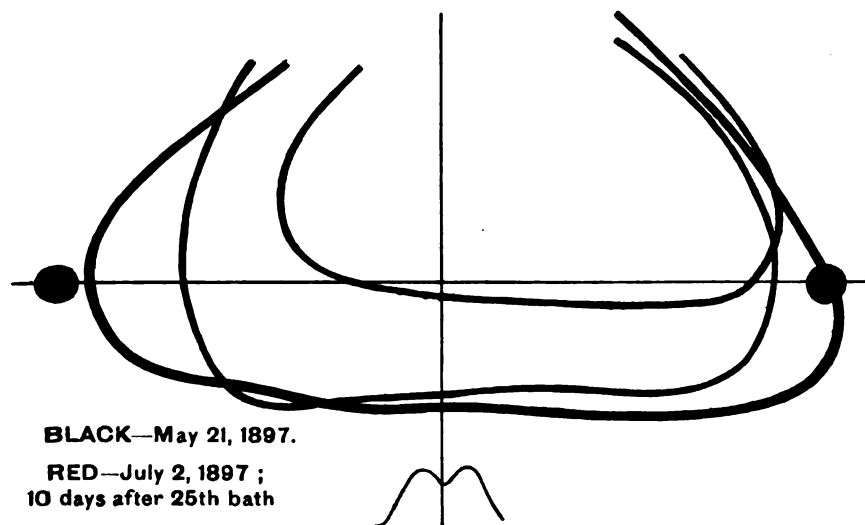
(22.) *Tabacum* in the lower dilutions (3x and 2x), or when smoked in very small quantities, relieves markedly the irritable irregular heart, but it should be given in higher potency to meet cardiac weakness with tendency to syncope, for which it may be sometimes indicated.

(23.) *Veratrum viride* is useful in conditions of collapse with weak, slow pulse, especially when associated with gastric and hepatic disturbances, and marked by shiverings, prostration, and cold sweat of the forehead and other parts.

I now pass to the third class of cases, which needs regulated exercise and bath treatment.

If rest and therapeutics have been successful in the other classes we may hope to be able to pass on a

FIG. 13.—FATTY DEGENERATION; PLETHORIC; æt. 42.
 Duplicated systole; no bruits.



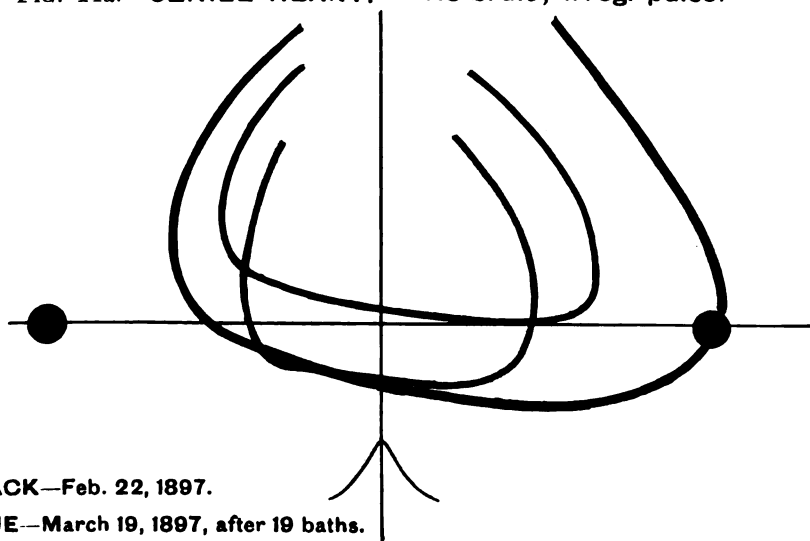
BLACK—May 21, 1897.

RED—July 2, 1897 ;
 10 days after 25th bath

BLUE—Sept. 26, 1898 ;
 relapse, feeble cantering heart.

Vertigo; œdema of feet.
 No bruit; irreg. pulse.

FIG. 14a.—SENILE HEART.



BLACK—Feb. 22, 1897.

BLUE—March 19, 1897, after 19 baths.

RED—May 9, 1898, after 2nd course.

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goodly number into the third, for a time arrives in which mere rest will be of very little further benefit, when its continuance becomes a downright evil, for it is a potent cause of that laxity of muscular fibre, on which the permanence of cardiac debility specially depends. For true convalescence you must obtain a well contracting ventricle, which will empty itself at each systole.

A scheme of treatment to meet this, covers a good deal of ground, and bears to cardiac therapeutics the same relation that a true hygiene bears to the strictly medical treatment of ordinary disease. It owes its applicability and success to the fact that in dealing with the heart-organ we have to do with a specially complicated and delicate muscular arrangement, stimulated and controlled by an abundant supply of nerves both intrinsic and extrinsic, an organ readily acted upon by movements of the body, by stimulation of cutaneous nerves, by alterations in blood pressure. Until death actually has occurred, there does not exist a heart which cannot be stimulated to fresh exertions, unless indeed the muscular fibre is utterly degenerated, or paralysis of the cardiac centre has irremediably set in.

It is the wonderful "physiological irritability" of the heart muscle, which gives us ground for hope in the treatment of its dilated condition. We know that when one source of stimulation is exhausted we can fall back on a new line of stimuli altogether. So heart-hygiene comes to our aid with a truly scientific basis and method of application, when the time for rest and special therapeutics has passed. This method is beautifully parallel to our own use of the smaller dose, *i.e.*, the isolation and employment of the primary stimulus belonging to the smaller dose, in contradistinction to the strong and forcible action of the physiological dose. The use of exercises and baths in heart weakness is practically an exemplification of the law of similars.

Prof. Urtel, years ago, established the value of gentle, limited, and graduated uphill walking in cases of weak heart. A walk of 100 yards followed by a rest, succeeded by another walk and rest, was the basis of his treatment. The walks were slowly increased in length and number every few days, and with good effect. But great care was needed in the working out of this treatment, in many cases it was difficult to apply, and in

others impossible. Notwithstanding, its popularity in Germany has been remarkable, and there are few health resorts there unsupplied with a Terrain Kur carefully measured out, and provided with benches at due intervals.

It was a consideration of the value of the Certei treatment and of the limitations of its applicability, that led the brothers Schott, of Nauheim, to develop their schema of heart-gymnastics. Unlike the Swedish exercises, which were worked out on the system of directly assisting the return of blood from the extremities to the heart, and thus easing its exhaust-pump action, the "Widerstand" exercises deliberately throw an extra—a slightly extra—amount of work on the heart muscle. They call up its energies, and compel it to contract more forcibly than before, so as to overcome the extra difficulty of which it becomes conscious. The patient, who may stand, sit, or lie, according to his strength, is directed to make certain movements of the limbs and trunk which the operator resists with a force adapted to the patient's strength. The resisting force applied may be very slight, or tolerably considerable; but it must cause no conscious distress, no holding of the breath, no change in the features. The dose of resistance must be like the dose of a homœopathically acting medicine, within the therapeutic sphere and not in the physiological.

In a series of about twenty-four exercises which have been described in detail in several works (Bezley Thorne and Morison), all the muscles of the body are at intervals thrown into steady, quiet action. Between each exercise one or two minutes' pause takes place; the *séance* lasts from twenty to thirty minutes, according to the patient's strength. It will be noticed that an intermittent pulse will become regular, that a pulse of 90 to 100 will come down 6 to 10 beats per minute. The advantages gained at one *séance* are not all lost before the next; the influence and the results are therefore cumulative, and become very marked in the course of three or four weeks; by physical examination the decrease of cardiac dulness can be attested.

At page 14 of the *M. H. R.* for 1897, a case of menopausic heart, complicated with an exophthalmos of the left eye, improved remarkably under strychnine, castina, and a course of exercises. The cardiac dulness

FIG. 14b.—SENILE HEART.
Third course; 29 baths.

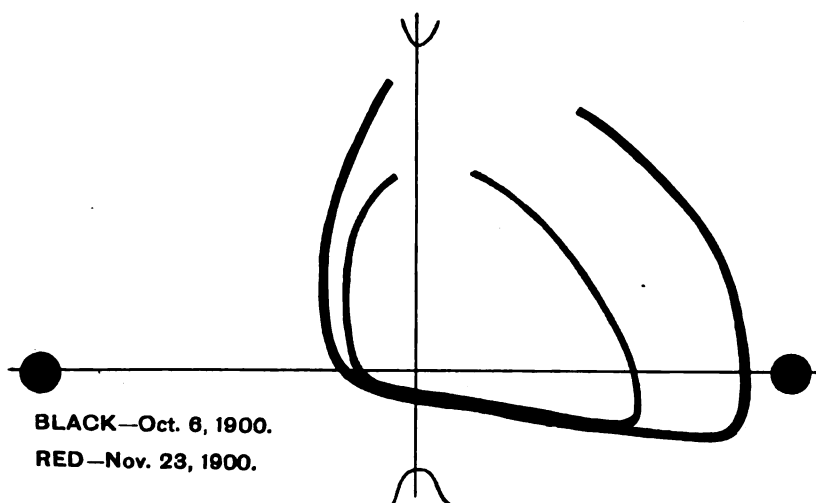
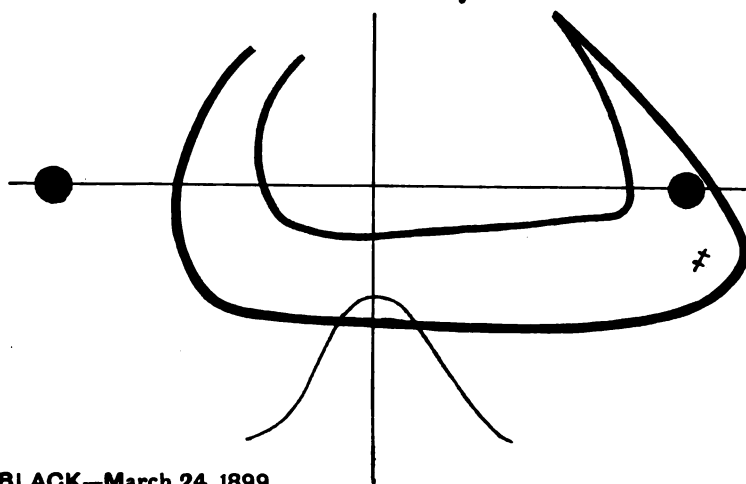


FIG. 15.—SENILE HEART; CARDIAC ASTHMA.
Exercises only.



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which had extended to $2\frac{1}{8}$ inches beyond the nipple and $2\frac{1}{4}$ inches below it, was in a fortnight reduced to $1\frac{1}{4}$ beyond and $1\frac{1}{2}$ beneath the same spot; and the pulse had fallen from 100 to 80 per minute.

(To be Continued.)

THE PROGRESS OF "RATIONAL" MEDICINE.

By R. E. DUDGEON, M.D.

THE Annual Meeting of the British Medical Association has a never-failing interest for me. Though, as a follower of the method of Hahnemann, I am precluded by its laws from becoming a member of that august confederation of orthodox practitioners, and therefore unable to hear the brilliant eloquence of its eminent pundits, I can always enjoy the reading of their matured wisdom in the pages of its organ—*The British Medical Journal*. What particularly delights me is the annual Address on Medicine, delivered by some member chosen for his reputation as an experienced and skilful physician, and as one conversant with the latest developments of medical science. The orator for this year was Dr. James F. Goodhart, who is richly endowed with all the qualities required of an ideal exponent of the state and progress of modern medicine. Since the last meeting of the Association in the last year of the old century, we have entered on the first year of a new century—at least this is the general idea, though some scientists, as for example Lord Kelvin, will have it that last year was the first year and this year the second of the new century. At many meetings in past years there have been great jubilations over the wonderful progress medicine has made in these latter days and the advantages that have accrued to the sick from the recent discoveries made by the untiring labours of the industrious researchers into the mysteries of disease. I looked forward with eager anticipation to find in the Address on Medicine of the present year an account of the vast progress in the treatment of disease proclaimed by many of the most illustrious speakers and writers on medical matters, not only members of the profession but distinguished non-medical persons who

have been invited to give their opinions on medical matters. Among those of the latter class, I may mention the Right Honourable Arthur Balfour, who, when presiding over a banquet given by the Medical Graduates' College, had no doubts—philosophical or other—of the great progress made in medical and therapeutical knowledge, and the beneficial effect the researches of this particular college would have on the health and life of the community.

The annual Address in Medicine at the great Association meeting gives a fine opportunity for displaying to the world in full detail the vast progress made by medicine during the past year, so often boasted of and vaguely alluded to in less pretentious meetings and in the periodical medical literature. I accordingly turned to the report of Dr. Goodhart's eloquent address in order to learn precisely the gains of medical science during the past year. But alas! I could discover nothing in it to justify the boasts with which we are all familiar. He commences by recommending individualization of cases in treatment, which would imply that this is very much neglected in ordinary practice. As this individualization was insisted on by Hahnemann in all his writings, and is accepted as a *sine quâ non* by all his followers, it must please us to observe that our colleagues of the old school are now beginning to realize its importance, but that they require to be reminded of it shows that it is still far from having obtained general acceptance in their practice. He next dwells on what he calls "the vitality of life," that is to say, the power of life to preserve itself even in "a very weakly flesh." He then dwells on "the difficulties of medicine." "A body so composite as ours is" he says, "so very delicate a machine that there must be many and many a case presented to us where we do not, many even where we cannot, know what is the matter, and taking even the most favourable view of the progress of scientific discovery, it is probable that this will be so till time shall be no longer." This is a sad confession from the school which boasts that the art of diagnosis has attained to such perfection that we are now able to tell with certainty "what is the matter" in every case. But it is still worse when we come to treatment, for "even when we have got at the facts we cannot be sure that the remedies will get at the disease." Where scientific or rational

medicine comes in with all this uncertainty of diagnosis and still greater uncertainty of therapeutics, it would be hard to tell.

The remainder of Dr. Goodhart's address is a stinging satire on the actual practice of modern therapeutics. The physician knows little or nothing about what is going on "in the recesses of our impenetrabilia"; but if he show the slightest hesitation about the diagnosis of the disease, in place of getting, as he ought to do, all the patient's sympathy, he only meets with the derision of his patient. The patient "wants to know what is the matter with him when it is not possible to tell him; moreover, he will have an answer, and if not he thinks the doctor an ignoramus and calls in someone else." "Any fool can give a name to a disease." But even if the doctor should give the right name to the disease, it does not follow that he will give the right medicine. "It is told of the late Sir William Gull, that, upon a doctor excusing himself for not having discovered the existence of a particular disease he (Sir W.) remarked that it was as well he had not done so, for if he had he might have treated it."

Consultations Dr. Goodhart sneers at. He thinks "that the education of every member of the medical profession at the present day is so high," that he is as likely to form a correct diagnosis as the consultant. But as he had previously told us that the difficulties of forming a correct diagnosis were so great—often insuperable—it is just as likely as not that the highly educated practitioner and the eminent consultant may both be wrong.

As regards medicines, Dr. Goodhart has not much to say. Most patients before they come to the doctor have dosed themselves well with all sorts of drugs. "Most people know all about lithia and piperazine and the respective merits of the various preparations of Carlsbad salts; they all have their own form of blue pill. They have their own special dinner pill and an aperient pill as well; they know all about podophyllin and euonymin and cascara. They take bismuth and soda for indigestion, mindererus spirit and Dover's powder for colds, camphor for cholera, chlorodyne for the stomach-ache," and so on. With such drug-saturated patients what is the poor doctor to do? He may know that the best thing he can do for his patient would be to cut off his drugs at

once, but the patient expects and will have a prescription, so the doctor must therefore comply with the wishes of his patient against his own judgment. "Advice," by which Dr. Goodhart means directions as to air, exercise, diet, drink, clothing, ventilation, etc., is much more valuable than physic, and yet the patient is not content with that, often he won't attend to it a bit, he wants a prescription, he believes in medicine much more, probably, than the doctor who prescribes it. It does him no good, so he blames the doctor, whose "advice" he has altogether ignored. He goes from doctor to doctor, and, finding no benefit, blames the whole faculty, and most likely falls an easy prey to the alluring advertisements of quack remedies, which he swallows in large quantities. If his disease ceases in the natural course of things while taking one of these panaceas, he becomes an ardent advocate for its use and ever after swears that Bircham's pills are well worth a guinea a box, or Waggoner's little liver pills are valuable in an inverse proportion to their size.

Dr. Goodhart asks "Why do we give drugs?" "Often," he answers, "not because the disease demands it, but because the patient is not happy till he gets it: too often he is not happy even then. They are sometimes given to hide our ignorance, I fear, or to mark time while we watch and wait. They are sometimes given as a gambler on the Exchange speculates in 'futures,' an enhanced reputation being the windfall that it is hoped to secure; and then we often give drugs as an experiment in the hope that they may do good."

As to the drugs themselves: "Diseases run in fashions," and so do drugs. "Their popularity is enormous, far in excess of their merits; and by and by they sink into the cold shade of neglect." "Who does not even now remember the boom of antipyretics? A few of them remain to us for other purposes; but as antipyretics, who gives them now? . . . They were rushed for more than they were worth, and they are now buried by later booms, such as animal extracts and anti-toxins, and many of these will be buried too."

Dr. Goodhart is very sceptical about the open-air treatment of consumption, and he thinks the benefits of sanatoria much exaggerated. "In proportion to the exaggerated hope will come the bitterness of the

disappointment to the sick, and the discredit to us." Of course, sanatoria, unless established on a gigantic scale, can only touch the merest fringe of the world of consumptives, nor can those who have to work for the support of their families, as so many can and must do in the early stages of the disease, when alone sanatoria are useful, afford to spend months and years in enforced idleness in a sanatorium. As Dr. Goodhart says: "If the open-air treatment is to take its real place and be of any abiding value, the principles of the sanatorium must be introduced into the home." But sanatoria, though their utility is so limited, are fine things to talk about at public meetings.

Dr. Goodhart is very sceptical about the benefits to consumptives of the fashionable inhalations of antiseptics, or to epileptics of large and long continued doses of the bromides. This, he says, "has become the routine treatment of epilepsy, and as such I think it often does a great deal of harm, and I am by no means certain that it does any equivalent good."

On the whole, Dr. Goodhart is a pronounced pessimist in regard to the medical practice of the present day. Like Balaam, he was sent for to pronounce a blessing on the medicine of the majority, instead of which he curses it altogether. And yet not altogether, for he has not quite avoided a mild belief in the microbial doctrine of disease. "It is obvious," he says, "that great discoveries have been made in the recent past, and the dawn is breaking of a still more brilliant day." We are rather too familiar with this figure of speech in the writings and speeches of eminent representatives of self-styled rational medicine. They can't say much good of the existing therapeutics so they speak with confidence of the good time coming, which never comes, though always close at hand "in the near future." That he is thinking of the microbes is evident when he says: "I think it may be said that we are steadily working upwards to that time when much of the present gross disease—tuberculosis, microbic fevers, etc., shall be no longer." Dr. Goodhart's address was of course composed before the meeting of the Congress on Tuberculosis; but perhaps he had an inkling of what was to come then and so spoke in a very minor key of the great results to be expected from researches among the small bacteria. The Congress was

not altogether a success, indeed it must have been a great disappointment to those ardent bacteriologists whose delight it was to terrify the public with the dangers that encompassed us from the swarms of the omnipresent pathogenic bacteria, which, though so small, went about like roaring lions, seeking to devour us. Koch's announcement of the non-identity of bovine and human tubercle bacilli and his declaration that there was no need to take any precautions against the access of the bovine microbes to the human organism, came like a bolt out of the blue, or, as some of the members said, like a bomb-shell in the midst of the meeting. Members who had come primed with new and stringent plans for warding off the attacks of the bovine microbes were aghast. The wind had been taken out of their sails by the very man who had set them all a-sailing. It will be noticed that Dr. Koch was not present at the final banquet given to the foreign members. The omission of Hamlet from the representation of the play of that name is the only parallel that occurs to me from the absence of Koch from a tuberculosis feast. Was he purposely not invited? or, being invited, did he fear to appear among his former worshippers lest they should tear him to pieces or make mince meat of him with their knives and forks? But though Koch has pricked the formidable-looking bovine bacillus bogey and let all the sawdust run out, he still keeps up the sputum scare and says that the main cause of the propagation of phthisis is the nasty but common practice of spitting all about; so Sir William Broadbent may be reassured, his pocket-spittoons for the prevention of phthisis have not yet been sent to join Lord Lister's spray-machines in the lumber room of discarded medical inventions. Until that time comes—which may be soon—the believers in the infectious character of human sputum may address Professor Koch thusly:

The lethal powers of milk and beef belittle,
But leave us still our faith in toxic spittle!

The therapeutic nihilism advocated by Dr. Goodhart, is undoubtedly a great improvement on the officious and unnecessary administration of powerful drugs, and the employment of painful debilitating measures that seem to have been almost universal up to the first half of the bygone century. I have lately been reading the Diary of

Sir Walter Scott, who died in 1832, at the comparatively early age of 61. He gives an account of his incessant work, literary and legal, and his financial worries during the last few years of his life. He suffered much from rheumatism, nervous depression, intense headaches, neuralgia and dyspepsia. He dined much in public and with his numerous friends, and seems to have indulged more than was prudent in rich food and choice wines. He was constantly under the care of the most eminent medical men, by whom he was bled frequently by venesection and cupping, took frequent doses of powerful drugs, had numerous blisters and even setons, in short, this weak, worried, nervous, dyspeptic valetudinarian, in addition to his natural diseases had to bear up against the incessant artificial diseases inflicted on him by his eminent medical advisers. Here was a case which would have profited by "advice" (as Dr. Goodhart calls it), instead of medicines, at least of such medicines as were customary in his day. No medical practitioner would practise, and no patient would submit to such treatment as was held to be right in the first half of the nineteenth century. The beneficial change in medical practice by which the patient world has profited so much is entirely due to the teaching and example of Hahnemann and his followers. Though the effect of this teaching and example has hitherto been mostly of a negative character on the old school, causing them to abandon their severe, painful and harmful methods, they have still much to learn respecting the action and therapeutic uses of medicines. They have indeed, appropriated many of the most valuable medicines introduced by the homœopathic school; but they are unable to obtain the full value of them, for they persistently refuse to employ them according to the therapeutic rule taught by the illustrious Hahnemann, and now practised by many thousands of legally qualified practitioners throughout the whole civilized world.

Though disappointed at not finding in Dr. Goodhart's address any justification for the frequent boasts of his school of the vast progress effected in medical practice during the past year, there can be no doubt that the address is replete with common sense and will well repay perusal.

MEETINGS.

THE HOMŒOPATHIC CONGRESS.

THE Annual Congress of Homœopathic Practitioners was this year held at Liverpool on Thursday, September 19th, at 10 o'clock. The members assembled in the spacious ballroom of the Adelphi Hotel, there being present : Dr. J. D. Hayward (Liverpool), Dr. Madden (hon. treasurer), Dr. E. A. Hawkes (Liverpool), Dr. Watson (Liverpool), Dr. Dyce Brown (hon. secretary), Dr. Murray Moore (Liverpool), Dr. Octavia Lewin (London), Dr. Douglas Moir (Manchester), Dr. Goldsbrough (London), Dr. Croucher (Eastbourne), Dr. Proctor (Liverpool), Dr. Searson (Brighton), Dr. Ramsbotham (Harrogate), Dr. Theo. Green (Liverpool), Dr. Hayle (Rochdale), Dr. Gilbert (Reigate), Dr. Johnstone (London), Dr. C. W. Hayward (Liverpool), Dr. Pritchard (Dewsbury), Dr. Waddington (Bradford), Dr. Roberson Day (London), Dr. Peter Stuart (Liverpool), Dr. Herbert Nankivell (Bournemouth), Dr. Compston (Liverpool), Dr. J. W. Hayward (Liverpool), Dr. Edmund Capper (Leicester), Dr. Storrar (Belfast), Dr. Ashton (London), Dr. Cash (Torquay), Dr. Ombler Meek (Manchester), Dr. Cash Reed (Liverpool), Dr. Hawkes (Ramsgate), Dr. H. Bodman (Bristol), Dr. Pincott (Tunbridge Wells), Dr. L. E. Williams (Liverpool), Dr. Tindall (Exeter), Dr. MacNish (London).

In the regrettable absence, through illness, of the President, Dr. George Clifton (the Ex-Mayor of Leicester), the Vice-president, Dr. J. D. Hayward (Liverpool), occupied the chair, and in opening the proceedings said : "Ladies and Gentlemen,—As you will gather from my appearance here, our President is unable to be with us, and I have just received from him a letter which he asks me to read at the commencement of the proceedings." The letter briefly expressed Dr. Clifton's regret and disappointment that he was unable to greet his colleagues, and expressed his earnest hope that the Congress might prove successful and pleasant.

Dr. Hayward added : Our honorary secretary has one or two other letters he will read before we proceed further.

Dr. Dyce Brown then read letters regretting enforced absence, from Mr. Knox Shaw (London), Dr. Byres Moir (London), Dr. Purdom (Croydon), Dr. Burwood (Ealing), Dr. Clifton (Northampton), Dr. Washington Epps (London), Dr. Pope (Ramsgate), Dr. Vaudrey (Plymouth).

The Vice-president : Ladies and Gentlemen,—Just a word or two of welcome before reading Dr. Clifton's address.

The first British Homœopathic Congress was held at Cheltenham on the 12th and 13th of September, 1850. It is of

special interest to us in Liverpool to note that our esteemed colleague and leader, the late Dr. Drysdale, at this first annual meeting of British homœopathic practitioners, read a paper on "Kali bichromicum" and made suggestions respecting the compilation of a homœopathic materia medica. The promising career of Dr. Drysdale's son was cut short by a too early death, and we cannot welcome him at this anniversary of that pioneer meeting of our body; but we rejoice that in our valued treasurer, Dr. Madden, we are to some extent in touch with that first Congress, for in the proposal announcing the event it is stated that our colleague's father would read a paper on the treatment of uterine diseases.

In 1851 the Congress met in London, under the presidency of Dr. Russell.

After more than half a century we could not expect to have these fathers of homœopathy in this country still amongst us in the flesh, though they will ever be so in the spirit; but if we of the younger generation will read their addresses in the early numbers of the *British Journal of Homœopathy*, we shall recognize that "there were giants in those days." One of them happily still lives amongst us, an example and a reminder. Dr. Dudgeon—(Applause)—has been one of the most constant attendants at our Congresses, and though we learned with regret that "slow-consuming age" forbids his presence with us to-day, his absence gives me this opportunity of recognizing the esteem and admiration we all feel for his person and character. In literature, in public, and among his colleagues in London, he is still, as for so long he has been, ever ready to defend our cause, our principles and our liberties. "What though his hair be gray, he is not old in mind."

The last occasion on which our Congress assembled in Liverpool was in September, 1887, under the presidency of another respected senior and friend, Dr. A. Clifton, who would certainly have been with us to-day had not infirmity forbade. I am reminded of my own advance in years by the recollection that at this Congress I was permitted to read a paper. It may not be out of place to remind ourselves that in the period since we last met in Liverpool we have lost, amongst other valued colleagues who were with us on that occasion, Dr. Drysdale, Dr. Moore, Dr. Blumberg, Dr. Harvey, Mr. Harris, Dr. Brothie, Dr. A. Drysdale, and Dr. Blackley, senr. "Peace to their ashes."

In welcoming you again to our city, I would remind you that Liverpool is not unworthy of the compliment you have done it. Here homœopathy has been well and enthusiastically represented; here Drs. Drysdale and Moore lived, wrote and practised, and you will excuse a son's partiality if to them I add the

name of my father, Dr. Hayward, senr.—(Applause); here Dr. Burnett, Dr. Nankivell, Dr. Roche, Dr. Galley Blackley and others learned some of the experience they have used so well elsewhere; here we have a hospital and dispensaries doing an enormous amount of excellent work; and here we have a goodly proportion of homœopathic practitioners carrying on our scientific and beneficent system of treatment.

Gentlemen. In the shocking bereavement which has befallen our sister nation of the United States, we find that the constitution of that country has provided that the duties of the vacant post shall be carried on by the Vice-president. We, too, lament the absence of our elected president, though we rejoice to know that in our case it is only a temporary indisposition which prevents Dr. George Clifton from being with us to-day. When, last year, at Leicester, I was nominated for the vice-chair, nothing was further from the minds and intentions of those responsible for this blunder than that I should be so placed as I find myself to-day. We have hoped until quite recently that Dr. Clifton would have recovered enough to have been here to uphold the family repute: he is, we are glad to know, convalescent, but his professional advisers, thinking only of his safety and not of my and your embarrassment, have forbidden the risk of a railway journey. Even on the sick bed, however, Dr. Clifton has had us in mind, and has written the address which I shall now proceed to read, after begging your indulgence in the position in which I unexpectedly find myself. (Applause.)

After the Presidential Address, which we print at an early page, Dr. Hayward, senr., rose and said: Mr. Vice-president, ladies and gentlemen.—In expressing the feelings of all present I need not say how very pleased we have been with the address prepared by the President, and, of course, I need not repeat the regret we all feel that he was not able to attend and read it himself. Possibly the address has been read in such a manner that we have understood it as well as if the President had read it himself. I think we should all wish to join in a cordial vote of thanks to the President for his excellent address, and to the Vice-president for his review of the past Congresses. I therefore propose that we do express our hearty thanks to Dr. Clifton, with the regret that he is not able to be present to-day.

Dr. Cash: I have great pleasure in seconding the proposition that hearty thanks be accorded to Dr. Clifton for the interesting and lucid address, and to Dr. Hayward for his exposition of past Congresses. I greatly regret the absence of Dr. Clifton, and trust that the care he is receiving will in time result in the illness from which he is suffering passing away, and that he may resume his usefulness in his high position. We have

reason to be proud of Dr. Clifton for what he has attained in his own town—it makes him a credit to homœopathy. (Applause.)

The Vice-president : I shall make it my business to acquaint Dr. Clifton of the effect of the motion you have just carried, and convey to him your condolence on the cause of his absence, and your congratulation on his paper. It is not our usual custom to discuss the presidential address, and I fancy our secretary will now have to inform us that this concludes the business of the Congress which is admissible to visitors. I am afraid that, although we should be only too pleased for non-members to remain longer with us, the remainder of the business will be of too technical a character to be either desirable or well for them. If such visitors who are not members of the profession will therefore take this opportunity of withdrawing, our treasurer will be glad to see those who are members of the Congress either with their purses or cheque books. (Laughter.)

After the Hon. Treasurer had completed this part of the business,

Dr. H. Nankivell, of Bournemouth, then read a paper on "The Therapeutic and General Treatment of Cardiac Debility," which was illustrated by diagrams. A discussion followed. The first part of the paper will be found in our other pages.¶

THE LUNCHEON.

At one o'clock the members of the Congress were entertained to luncheon by their Liverpool *confrères*. Dr. J. D. Hayward presided, and a very dainty repast was pleasantly discussed, the menu being : Consommé Amphitryon, crème Bruxelloise ; saumon, sauce Medoc, fresh haddock ; boiled mutton, roast beef, pressed beef, salade, vegetables ; fruit tart, Beignet soufflé ; cheese. Before the company rose to adjourn to the ballroom for the business meeting,

Dr. Nankivell said : Mr. President,—I have been requested to offer to the Liverpool Homœopathic Society and the members of the homœopathic profession in Liverpool and neighbourhood, our most hearty thanks for their hospitality to us on this occasion. (Applause.) I think it is a very happy thought which has determined them to invite us to luncheon. No doubt it promotes a spirit of good fellowship amongst us, and it gives us an opportunity of getting luncheon without any loss of time. It is also an evidence of the very strong brotherly feeling which our hosts have towards us as their guests—(Applause)—and I think we cannot do anything less than tender to them our most hearty thanks for their welcome and hospitality. (Applause.)

Dr. Madden : Ladies and Gentlemen,—It gives me very great pleasure indeed to second the vote of thanks, and I sincerely regret that their hospitable instincts have not had a larger call

made upon them. But that is not our fault, and it is no use crying out against those who are not here. I was glad to learn in the course of Dr. Nankivell's paper which we heard this morning, that the indigestion following luncheon is not so great as that which follows dinner. (Laughter.) I am especially glad, because I have done very good justice to the luncheon—(Hear, hear, and laughter)—and I wish I could do the same justice to the toast. Liverpool has for me very kindly remembrances in regard to the Homœopathic Congress. In 1877 I attended the Congress at Liverpool while on my honeymoon—(Applause)—and on that occasion I was elected your treasurer, and you have done me the honour to re-elect me year by year ever since. I always think of my official connection with Congress as being since that Liverpool celebration. Then I remember that in 1887 also we had a most enthusiastic and large meeting here, which the Vice-president referred to in his opening address. Before I sit down, I would ask you to excuse me mentioning a matter not exactly pertaining to the toast. I have been asked to say that the Masons of our brotherhood would be glad if their brother Masons will kindly remain behind after the "magic lantern entertainment"—(Oh, oh, Hear, hear, and laughter)—as there is some idea of a Masonic Lodge in connection with our body being eventually formed, and they would like to talk the matter over. In the meantime I have the greatest possible pleasure in seconding the vote, and I shall ask those who approve of it to signify in the usual way.

The vote was accorded with acclamation, and the health of the Liverpool members was drunk with the greatest cordiality.

Dr. Gordon Smith was called upon by the chairman to respond, and said: Ladies and Gentlemen,—I have only just come into this room, and here I am—called upon to stand up and, I suppose, to make a speech, which I am totally unqualified to do. At the same time, I am sure that I only echo the sentiments of all my colleagues in Liverpool when I tell you that you are most heartily welcome to all the hospitality that we have been able to extend to you upon this occasion. (Applause.) With Dr. Madden, I am sure we all regret that the call upon the hospitality has not been greater; we should all have liked to have seen a great many more homœopathic practitioners with us to-day. (Applause.) However, I would again say that we are most heartily glad to extend our hospitality thus far to you. (Applause.)

THE BUSINESS MEETING.

After luncheon, the members adjourned to the ballroom, where the business meeting was held.

The minutes of the previous annual meeting were read by

the Hon. Secretary, and confirmed and signed by the Vice-president.

The next business was to fix the date of meeting of the Congress of 1902.

Dr. Proctor : Has it not been our custom to have the meetings alternately in London and the provinces ?

The Vice-president : It has, but at the same time it is necessary to go through the formality of fixing the place of meeting.

Dr. Proctor : That being so, I shall propose London.

Dr. Storrar seconded the proposition.

Dr. J. W. Hayward said he did not know whether it devolved upon a provincial member to invite the Congress to London. (Laughter) He hoped, if the invitation was accepted, that there would be a better attendance at the meetings. He must confess that one or two of his colleagues at Liverpool were somewhat disappointed on this occasion in regard to the attendance, and he hoped the London men would not have the same complaint to make. He had great pleasure in supporting the proposition that the next Congress be held in London.

This the meeting unanimously agreed to.

Dr. Dyce Brown : With regard to Dr. Hayward's remark about being invited, it goes without saying that the London men will only be too delighted to see the members in town. (Hear, hear.)

Dr. Charles Hayward : Can we not hold the Congress in connection with the Annual Meetings of the British Homœopathic Society—on the second day, or something like that ? It would be a very much better time ; September is very late.

Dr. Dyce Brown : We never have the London meeting in September ; it is fixed during the season, generally in June or thereabouts.

Dr. Chas. Hayward : If we could meet on the second day of the Society's meetings, it would ensure a better attendance and give us more interest in coming to London.

Dr. Dyce Brown : Will you make the proposal ?

Dr. Chas. Hayward : I move that the Congress be held on the second day of the British Homœopathic Society's Annual Meetings.

The question was asked as to what date that would be.

Dr. Madden : In June ; it would not matter what date, we are not tied down.

Dr. Dyce Brown : I would suggest that we take the opinion of the British Homœopathic Society as to the most suitable day ; if it could be so arranged it would be very nice. I propose that the matter be left with the councils of the two bodies to fix the exact date.

Dr. C. Hayward : Personally, I think it would be a great

improvement. I have never been to an annual meeting of the British Homœopathic Society, and I don't suppose I ever shall unless I can go at the same time to the Congress.

Dr. Johnstone : Perhaps I may be allowed to say a word on behalf of the British Homœopathic Society. The annual meeting is at the end of June or the beginning of July. It is held from eight to ten o'clock on two evenings, but there is no reason why, say, on the second day, the meetings of the Congress should not be held early in the day ; that would be on the Thursday, and we could meet in the morning and afternoon and then arrange for the last meeting of the British Homœopathic Society in the evening. The difficulty would be about arranging for the Congress dinner. However, I think Dr. Dyce Brown's suggestion is a good one—to leave it to the council of this Congress to arrange with the council of the British Homœopathic Society to come to terms and arrange for the two meetings to be held together in London next June, and I second Dr. Dyce Brown's suggestion.

Dr. Madden : I have great pleasure in seconding the proposal that we should combine the annual meeting of the Congress with that of the British Homœopathic Society. I think a good many of us have felt that the two evenings of the British Homœopathic Society have been a little spun out, and I think we could with advantage do all the business of the Society in one evening, and have a purely "pleasure" meeting on the second evening, after the Congress. I am the only representative present who is on the councils of both bodies, and I do not see any reason to anticipate that there will be any difficulty in carrying out some such plans. I should very much like to see the two combine ; I have always felt that it is rather a pity that there should be two bodies professing to represent the same people, for we really are the same.

Dr. Hayward : I think the proposal is a very good one and will suit the purposes of homœopathic practitioners very well. I hope the Council will arrange for the joint meeting in future.

Dr. Pincott : I should like to see Dr. Madden's suggestion carried out. Although we do not live far away, it is very unlikely that we are able to get to the two meetings of the British Homœopathic Society, and we have felt that if we could arrange for the two to be held in one day we could get up to them.

Dr. Cash Reed : How would this affect the clinical meeting? If it happened to fall at the same time as the meeting we are talking about, the thing could not be worked, it would mean three evenings.

Dr. Johnstone : As one of the secretaries of the British Homœopathic Society, I see no difficulty in arranging for the carrying out of a full programme of Congress and Society in two days.

The Vice-president then proceeded to put the question : "That the two Councils should be asked to arrange between themselves with regard to the day to be fixed for the next Congress, and to accept the suggestion that the dates of meeting should one follow the other."

Dr. Chas. Hayward : Should not the proposal be put first that the Congress be held on the second day of the Society's meetings ?

The Vice-president : One proposition seems to include the other.

Dr. Chas. Hayward : I believe Dr. Madden seconded my proposal that the Congress should be held on the second day.

The Vice-president : I hope we shall not follow the bad example of the British Medical Society, and argue with the chairman.

Dr. Dyce Brown : It is only a small detail, and if you will leave it to us we will see that matters harmonise.

Dr. Gilbert : Stick to the amendment !

The Vice-president then put the amendment that the fixing of the date be left to the two councils.

Dr. Gilbert : No, the amendment is that the meeting be on the second day !

The voting was as follows :

For the amendment, 15.

For the original proposition (*i.e.*, that the Congress be fixed to be held on the second day of the British Homœopathic Society's meeting), 7.

The Vice-president thereupon declared the amendment to be carried.

The next business was the election of officers.

Ballot papers were distributed for the election of president.

Dr. Chas. Hayward said he did not think they ought to be influenced in the voting by any reports that a certain gentleman would not take the position if elected. Anyway they ought to vote.

The papers were then collected and counted.

The Vice-president : Mr. Knox Shaw has been elected by an enormous majority. (Applause.) I am very sorry, but you must calm your enthusiasm, he has been cleverer than a good many of us can prove ourselves. You will appreciate this remark when you hear a letter the secretary has to read.

Dr. Dyce Brown : I told a number of gentlemen privately that Mr. Knox Shaw would not take the office to which he has been elected by a large majority, and I think I ought now to read his letter. The letter was then read.

A voice : I think he will. Mr. Chairman.

The Vice-president : I must leave it to the meeting to decide

whether we vote again or accept this, and let the unfortunate vice-president be called upon again.

Dr. Johnstone: May I make a suggestion. Supposing we telegraph to him now—I know exactly where he is at the present time—and we can get a reply before we separate, and settle the matter.

The Vice-president: A very good idea, that will get us out of both difficulties.

Dr. Nankivell: Put it strong.

The telegram was duly dispatched, and later in the day a reply was received as follows: "Against better judgment I bow to wishes of my colleagues. Please convey my regrets at not being personally able to acknowledge the honour.—Knox Shaw."

Then came the balloting for the Vice-president.

The Vice-president announced that Dr. T. W. Burwood had been elected by a considerable majority. (Applause.)

Dr. J. W. Hayward: I have now a proposal to make with reference to our general secretary, and I wish to move that we re-elect him unanimously. Dr. Dyce Brown has been honorary secretary of this Congress for a good many years, he has fulfilled the office with very great success and I think we cannot do better than re-elect him if he will kindly take the position. (Applause.)

Dr. Goldsbrough seconded the motion, which was unanimously adopted.

Dr. Dyce Brown: I shall be delighted to keep the position another year. (Applause.)

Dr. Proctor: I now beg to propose that Dr. Madden be re-appointed treasurer. I take it that the principle is a good one, that we should never change the executive officers, though we are bound to change the president and vice-president. Dr. Madden has done the work so well in the past that I hope he will consent to take office again.

Dr. Hawkes: I shall be very glad to second it. To say anything in favour of Dr. Madden would be quite superfluous. I shall only be too glad if he will accept the position once more. (Applause.)

This proposition was also carried unanimously.

Dr. Madden: Gentlemen, I bow to the burden you have seen fit to place upon me, and I will do the task as well as I can. (Applause.)

The Vice-president said the next item of business was to elect the local secretary of the Congress.

Dr. Dyce Brown: If I may make a suggestion I would say that last time we met in London, Mr. Knox Shaw took the office and we found him an admirable secretary. If he does

not accept the presidency, I think he might perhaps do as before. His help was very valuable in every way. If Mr. Knox Shaw accepts the presidency, then I hope the Congress will appoint Dr. Johnstone.

Dr. Madden: I was going to suggest that on this occasion, as we have decided to combine our meetings, that we ask the secretary of the British Homœopathic Society to be the local secretary of the Congress. It is the same thing but put differently.

The Vice-president: With your consent we will leave the matter open until we hear from Mr. Knox Shaw. If he is unwilling to accept the presidency, then we will ask him to be the local secretary, but if Mr. Knox Shaw accepts office, then we ask Dr. Johnstone.

The meeting agreed to this course being followed. Dr. Johnstone was thus elected local secretary, as Mr. Shaw accepted the presidency.

Dr. Proctor: I beg leave to occupy the attention of the meeting for a few minutes. The matter is one that concerns the whole of our *clientèle*, and it concerns somewhat the honour of our own profession. I have here two bottles of medicine that I lay before you, *corpora delicta*. They contain aconite and bryonia. I was called in by a lady the other day to see her little daughter six years of age, who had been taken ill. The mother had sent to the chemist for two bottles of homœopathic medicine, aconite and bryonia, for a little cough the child had. It was a cold with congestion of the bronchial tubes, and after giving this medicine for a short time the child became wildly delirious. Hence the mother sent for me in great anxiety. When I arrived I asked her what she was giving the child, and she told me "aconite and bryonia." I then asked her what strength, and she replied, "I do not know. I sent to the chemist for it and this is it." I found on examination of the bottles that she had been giving the child the mother tinctures of aconite and bryonia. I stopped it and gave aconite No. 3 and belladonna 3, and the child had no more delirium and progressed towards recovery. We have formularies in our Pharmacopœia for preparing medicines, but we have no posology, and we know there is some difficulty on the subject because our own men are not consistent as to doses. We differ among ourselves, but I would point out that we differ only in one respect, as to how high we may go; that is a matter of opinion; but how low we may go, that is not a matter of opinion, it is a physiological fact, and we know a certain dose becomes dangerous. Now, homœopathic chemists have been left absolutely without any guidance from the medical profession. They send out thousands of bottles to our patients, who are

dependent upon the medicines they get when they are away from home, and I think it is of great importance that we should offer the services of the Homœopathic Society to the chemists, and give them a scale of doses that they may feel confident will receive the support of the profession. I propose that the chemists be invited to join the movement, which is not intended to override, but simply to offer guidance, and I think the manufacturing chemists would be very glad to have the guidance of the profession as to how low they may go without endangering life or health. I think, whatever we call ourselves, high, low, or medium dilutionists, we should allow that for a child of four or five years of age mother tincture of aconite is unsuitable, and would suggest that the Homœopathic Society forms itself into a sub-committee and sends round to the members of the society a printed list of medicines, and ask them to fix the amount of dilution that they think desirable against each medicine, and afterwards return the list filled up to the secretary of the Homœopathic Society, who could then strike a balance. There would be members who would send one, two, three, six or even twelve, and it would be desirable to strike the average, or at any rate endeavour to do so, and not go beyond a certain maximum strength. It is the maximum strength we have to be on the right side of. I propose that the medical men offer their services to the chemists in this way, to draw up a list of the strengths of different medicines which they recommend. It is not in our power to compel them to adopt this list, they could send out first trituration of arsenic or any of our drugs they thought proper, but if they are willing to be guided by us we could draw up a list representing the maximum strength considered safe to send out. I should say, for instance, that the maximum for aconite, bryonia, and belladonna would be No. 1. *You have to consider that the public get the medicines for their children, and that they do not always understand the giving of a weaker dose for children than for adults. I would not make the dose too strong. As to sending out mother tinctures of bryonia and aconite, and giving them to children in ignorance, I think it would tend to bring the Homœopathic system of medicine into disgrace, and therefore make my suggestion and hope it will be taken up, and that we shall give a posology in the *materia medica* as to what it is not safe to exceed. I shall be glad to hear how the proposal strikes the members of the Congress. It has been long in my mind and it is a very important matter. Very often our patients are suffering and send for a homœopathic medicine in case of an emergency, and I think it is important that they should have a safe medicine placed in their hands. (Applause.)

The Vice-president: I must ask you to limit discussion as far

as possible. Already we are a long way behind our published programme. If the first Congress lasted two days, I do not see why others should not fifty-one years after. I think the question might be left to the Homœopathic Society.

Dr. J. W. Hayward said he had a strong feeling on the matter. He had frequently come across cases—domestic cases—in which mother tinctures had been supplied. He knew the public asked for medicines as strong as they could get them, with the idea that the stronger the remedy the sooner the cure. He thought they would feel that they were serving the public and the profession better by saying that the strongest medicine they should have was No. 3 aconite. If there was some limit the chemists would fall in with it and it would be better for all concerned.

Dr. Chas. Hayward thought that the discussion should be closed to enable the Congress to proceed with the business on the agenda.

Dr. Proctor : I should like to propose that the British Homœopathic Society be asked to take up the matter for consideration.

The Vice-president : You cannot bind them, you can only lay it before them.

Dr. J. W. Hayward seconded the proposition, and said he did not think the child's symptoms were due to the tincture.

Dr. Murray Moore supported the motion, and remarked that he had seen very bad cases of other blunders perpetrated, even by chemists of standing. It was only once a year that the members of the profession had the chance to assemble and discuss such matters. He did not consider that one day was sufficient for the Congress. He cordially endorsed what Dr. Proctor had said, and although he did not consider that the proposition he had formulated had any value, he would support it, because he believed the principle was right.

The proposition was then put and carried by a large majority.

BUSINESS MEETING—AFTERNOON SESSION.

Dr. Storrar said he would like to occupy the attention of the members for about two minutes. As, doubtless, they were aware, Mr. Carnegie had given about £100,000 for Scottish education. Some months ago he (the speaker) mentioned the matter to the President of the British Homœopathic Society, and he had passed it on to the present President to consider whether they should not petition the Carnegie trustees to do something to endow a chair for homœopathy or do something for the benefit of homœopathy. Had Dr. Burford been present he would no doubt have been prepared to speak on the subject. Personally, he (the speaker) thought the opportunity ought not to be allowed to pass. Of the Carnegie trustees only two were

medical men, who were likely to be opposed to it, and if they were properly approached there was a strong probability that something might be done to endow a chair of homœopathy in Scotland. He proposed that a letter be sent from that meeting to the British Homœopathic Society, urging upon them the necessity for taking immediate action in the matter.

Dr. Simpson said he had written to the Carnegie trustees and had received two or three letters. He had been informed that his communication had been placed before the executive committee and would be considered in the natural course. Another letter he had received stated that although they were entitled to petition the trustees in the matter, the writer could not guarantee that any notice would be taken of it. He (the speaker) mentioned that, in order that any of the members who knew the trustees individually and personally should approach them by any means in their power. Such a good opportunity of spending the money ought to be put in the way of the trustees.

Dr. Storrar : I should like to propose that this meeting urge the members of the British Homœopathic Society to send a petition to be put before the Carnegie trustees at the next meeting, and let the petition be got up as quickly as possible.

Dr. Cash Reed : I would suggest that if anything is done it would be better to take means to ensure a personal interview with the trustees. Five minutes' conversation would be better than ten thousand letters.

Dr. Goldsbrough said : Dr. Storrar's proposal had been discussed by the council and arrangements had been made for communicating with the trustees personally. A small sub-committee had been formed and it had been arranged to meet the trustees at the office in Scotland. So, really, steps were being taken by the Society. The matter had been discussed by the council in all its bearings.

Dr. Storrar : I had not heard of that.

Dr. Goldsbrough : So, really, matters are in a forward stage for carrying out your enthusiastic proposal.

The Vice-president : According to that we do not need to draw the attention of the council to the matter.

Dr. Goldsbrough : It would emphasize it.

Dr. Murray Moore thought they should emphasize it and back up the council as far as possible.

The proposition was carried.

The next item on the agenda was Dr. Hawkes's paper on "Gynæco-therapeutics."

Dr. Hawkes remarked : I have a proposition to make. It is now half-past three o'clock and they are expecting us at the hospital at 4.30. They are making preparations to receive us, and patients are waiting—some who have come a

great distance—to see the specialists who are expected to-day. My paper is not exactly a paper for immediate consumption, but for study, and you would do far better with it with repositories and materia medica beside you. My proposition is that our friend Dr. Day—who comes from a distance and has taken great pains to prepare a number of slides—should give his demonstration, and that we then betake ourselves to the hospital. I hope you won't put Dr. Day and myself in opposition or competition in this matter. It won't hurt my feelings not to read the paper ; I have got all I can out of the paper except, of course, the benefit of discussion. If you adopt my suggestion it will facilitate matters and enable some of us to see a patient or two.

Dr. Watson : I have much pleasure in seconding Dr. Hawkes's proposal. I think it comes with great grace from the writer of the paper, and I think his point as regards Dr. Day is one we cannot get past. We shall see Dr. Hawkes's paper in the *Review*, and we shall not have a similar opportunity in the case of Dr. Day's slides.

Dr. Cash Reed said if the proposition was carried it reflected great kindness on the part of Dr. Hawkes. The members of the Congress were as anxious to hear the paper as to see the slides. He knew the trouble Dr. Hawkes had expended on the paper, because he had done the speaker and others the kindness of referring to them beforehand, and it would have been a most instructive paper. They knew the work the preparation of such a paper entails, and how onerous Dr. Hawkes's duties of the hospital were, and these facts should not be lost sight of when that generous proposal was made.

The Vice-president : I presume the paper will be taken as read.

Dr. Dyce Brown thought it would be best to accept the generous proposal made by Dr. Hawkes. He knew what pleasure the members of the Congress were missing, because Dr. Hawkes had been kind enough to allow him to see the paper. It was exceedingly kind of Dr. Hawkes to propose that they should take it as read. The paper would be printed, therefore they would only miss the discussion and the pleasure of hearing it read.

The Vice-president : Dr. Hawkes is in your hands ; he is willing to read it if you wish him to do so.

Dr. Day : May I say, as this generous proposition concerns me, that I do not wish to stand in the way and prevent the reading of the paper. I shall be missing a great treat and it will prevent a discussion, and many gentlemen have come prepared to have a discussion on the subject. The question of the slides can be held over if it be your pleasure, although they cannot be

seen if not put into the lantern. Possibly an abridgment of the paper could be given.

Dr. Hawkes signified that the paper would not bear abridgment, and his generous proposal was accepted by the meeting.

Dr. Clifton (Northampton) and Dr. Hughes were re-elected members of the council, on the proposition of Dr. Dyce Brown.

The members then adjourned to another part of the building, and Dr. J. Roberson Day (London) exhibited a series of photographs of patients, mostly children, as lantern slides.

At the close of the afternoon session the Hahnemann Hospital was thrown open to members of the Congress and visitors. A dainty tea was served in the Board-room from 4.30 to 5.30 o'clock.

THE DINNER.

The Congress dinner was held at the Adelphi Hotel in the evening at 7 o'clock. The Vice-president occupied the chair, and among the visitors were: Mr. J. Carlton Stitt (chairman of the Liverpool Hahnemann Hospital), Mr. G. Shorrock Eccles (treasurer), Mr. Harold Crosfield, Mr. W. J. Davey (of Elder, Dempster Co.) Mr. H. Himbury, F.R.G.S., Canon Armour (principal of the Merchant Tailors' School, Crosby). Mr. J. Ogden and a number of ladies also graced the proceedings by their presence. The *cuisine* of the Adelphi was not found wanting, and the following was the *menu*: Hors d'œuvre; purée Reinè, consommé Sevigne; filet de soles Adelphi; ris de veau demideuil, poulardes aux œuf d'or; selle de Pré-Salé, jambon au Madère, celeri au jus, epinards à la crème, pommes fondante, perdreaux roti, salade; bombe aux pêches, friandise, dessert.

The post-prandial proceedings were varied by selections skilfully played on the harp by Miss Annie Parry, of Liverpool, who rejoices in the bardic name of "Telynnores," and is a performer of some repute.

The Vice-president, in the chair, in opening the toast list, said: Ladies and gentlemen,—I rise to propose the toast of the health of our King and Queen and the members of the Royal Family. This is the first British Homœopathic Congress at which the loyal toast has taken the form in which I now offer it to you. For fifty years we met under the beneficent rule of our late lamented Queen Victoria; in her reign we had our early struggles, during her reign we won the right to practise medicine in accordance with our conscience, and under her government we, in common with the rest of her subjects, enjoyed full freedom and security. During our long experience of King Edward VII. as Prince of Wales he obtained, and rightly obtained, our esteem and affection, and as King we feel sure that he will equally well deserve it. We wish to him and to his gracious Consort long life, to rule over an affectionate people,

and may they and the other members of the Royal Family long live amongst us in health and happiness. (Applause.) I feel it would be in accord with the feelings of His Majesty, and not utterly inappropriate—certainly I know of no better opportunity to take—to refer to the terrible loss which our American cousins have endured in the horrible murder of their elected head. President McKinley had won the respect not only of the people who chose him as their ruler, but of the sister nation of which we are a part. The members of the medical profession in the United States who are in sympathy with us form, as most of you know, no inconsiderable portion of the American population, so I feel it is not presumptuous on our part to offer our sympathy with them in the loss they have sustained and our horror and shrinking from the dastardly crime by which it has been brought about. (Hear. hear.) The death of this man, in an eminent position, borne to his grave to-day, as no doubt you know, brings us—as did the recent sympathy shown by America with us in our loss—closer together with our sister nation. (Hear. hear.) Ladies and gentlemen,—I offer you the toast of the King, the Queen, and the members of the Royal Family. (Applause.)

The toast was received with hearty loyalty.

The Vice-president, in proposing the next toast, said : Ladies and gentlemen,—I am sorry to again obtrude my personality so soon—(Applause)—but our second toast on this occasion, and you will agree with me that it is rightly so, is that of "The Memory of Hahnemann." Such a toast among such a body as we form, needs no explanation and no justification; did it need it, should you think it necessary, we have amongst us many better qualified to amplify the merits of the toast than myself. But for Samuel Hahnemann, we should not have been here to-night. But for him, with regard to a large proportion of us, our medical life would have lost a good deal of its interest and inspiration. (Applause.) The life, teachings and writings of Samuel Hahnemann have not only, as I say, inspired us, but have leavened the whole profession of medicine—(Applause)—and the more scientific practice of the present day is due to this eminent man, as it is practised by a large proportion of the profession, and as it is openly practised by us who are here assembled. I will ask you, standing and in silence, to drink to the memory of Samuel Hahnemann.

The toast was received with fitting reverence.

The Vice-president : We are all proud and glad to have the ladies amongst us this evening, and I am sure that they will not in the slightest way detract from the pleasure we feel in having their presence by forbidding us to smoke. And if the ladies will give their consent, you have mine. I have here two telegrams

to read to you ; one has just arrived from our President, who, I may inform those who were not present at the meetings to-day, has not been able, owing to illness, to join us. Dr. George Clifton, who ought to have occupied the chair at this Congress, has, under medical advice, not been permitted to make the long journey from Leicester. But his thoughts are with us, and he sent his presidential address and a letter wishing us all success. He has now added to that by sending the following telegram: "George Clifton sends greetings to all. After a noble day's work, may good digestion wait on appetite and health on both." (Applause.) The next telegram will give you even more pleasure. In connection with our day's proceedings, as you probably know, we almost unanimously elected a very prominent member of our body to the honourable position of President, and we were led to understand that there might be some difficulty to get him to accept the post, as he already occupies several onerous positions in connection with our body. It was therefore deemed advisable that the Congress should send him a telegram announcing his election, and I am delighted to inform you that he does not decline the post. (Applause.) His telegram reads: "Against better judgment, I bow to wishes of my colleagues. Please convey my regrets at not being personally able to acknowledge the honour. Knox Shaw." (Applause.)

Mr. J. Carlton Stitt, J.P., was called upon to give the next toast, and said: Mr. Chairman, ladies and gentlemen,—When I entered this room I had been lulled into a sense of false security that I might eat my dinner in peace and that I should not be expected to say anything. Therefore, you may well understand that I am placed in a difficult position in having to propose such a toast as that of the "Homœopathic Hospitals, Dispensaries, and Literature." It is a most comprehensive toast, and I take it that it means that I am to propose success to the Homœopathic Hospitals, Dispensaries and Literature. I know I have your sympathy in the first instance, because there are so many men here who could have proposed the toast in so much more able a manner than I, and I am sure it is a toast that merits careful preparation. But I know also that you are all heartily in favour of the proposition which I am going to make. What do our hospitals stand for? Well, our Hospital in Liverpool, at any rate, stands as evidence of our principles. That hospital bears the honoured name of Hahnemann, and it stands as evidence that his principles are still in operation, and that there are enthusiasts in this town who are not only willing to work in the cause of homœopathy, but that, also, there are patients who are willing to submit themselves to that treatment because they believe that it is the best. Our hospitals stand

for the dissemination of our principles. Take the number of patients that go out from our hospitals; there is evidence enough to inspire them not only in what they see of the treatment received, but also in what has been done through the ability of the medical practitioners who advised them in the case. Then we have the training of nurses as one branch of the work; that is the case with us at Liverpool, at any rate, and I am told that other hospitals in London, Birmingham, Bromley, Plymouth and other places also are sending out from time to time nurses, well trained, who, in the homes of the sick, are willing to testify to the efficacy of our medicines as they have seen them, and I would say of the nurses that they can receive a training in the homœopathic hospitals second to none in any other institution. (Applause.) To say that our hospitals stand for the alleviation of human suffering is a commonplace. I will not enlarge upon that point because there are many here who know what that suffering is in its depth and intensity in a manner which I, being a non-professional man, cannot estimate, but these hospitals do stand for that. (Hear, hear.) The second item on this toast is success to Dispensaries. Now I know that, whilst the number of homœopathic hospitals may not be large, the number of homœopathic dispensaries is very large. Take our own in Liverpool, where some 60,000 people receive treatment every year. Think of the work done by such an institution as that. Its work is not of yesterday; it has been going on for many years, and it is a work the outcome of which was the Hospital. Sixty thousand persons! And the point in it is that all those persons have to pay. I do not know what the practice may be in other parts of the country, but I may say for Liverpool that where the difference is between free treatment and homœopathic treatment, of those to whom health is of the utmost importance there are 60,000 who are willing to pay for the latter and feel that the system of treatment by homœopathy is the one by which they are the most likely to recover health, which is of such enormous importance to them. (Applause.) In regard to the third point, Literature, I am sure we all appreciate to the full the ably-conducted literature—I would mention the *Review*, the *World*, the *Journal*—of the society so well known to you, and I would ask you to join with me in this toast, in which we wish hearty success to Homœopathic Hospitals, Dispensaries and Literature. (Applause.)

Dr. Goldsbrough was coupled with the toast, and said: Mr. President, ladies and gentlemen,—I consider it the greatest possible honour which this Congress could confer upon me, to ask me to respond to a toast of so comprehensive a character as the one which you have so very kindly drank. The fact is, this toast covers all that we do, so that I feel that I am in a very

delicate position indeed in having to respond for my colleagues concerning all that we do. Our hospitals, dispensaries and literature are the public justification of our existence as practitioners, and I therefore claim the indulgence of my colleagues in any remarks I have to make, because I feel it to be an extremely difficult thing to speak for them on such a toast. We naturally keep our private life in becoming reserve, but in the hospitals, dispensaries and literature that represent our methods we have our public representation of homœopathy in this country. And what I thought I would do by way of reply would be to make one or two remarks as to the justification which we as a separate body have before the world. Now, I used to think it was part of our duty to try to reconcile the antagonism which exists between the two schools of medicine. For some years past I have given up that idea, and I now believe that if there is any reconciliation required it should come from the other side—(Applause)—and that it is our duty to maintain the distinction of our methods—(Hear, hear); and if I may be allowed to use that as the text for my sermon, I will give that as a reply to my toast—that it is our duty to maintain the distinction of our methods. In talking of that I naturally try to consider how the distinction is to be maintained; that is to say, that in drinking to the memory of Hahnemann we think of the past, of the foundation on which our superstructure is built. But the superstructure itself is in the future; we have to look forward into the future; we have to consider how best we can develop our method. There are two lines, it seems to me, on which that development must proceed, and those two lines are illustrated in hospital and dispensary work and in our literature. I think my colleagues on the staffs of the London Homœopathic Hospital and the Liverpool Hospital will agree with me, that one of the most important points we have to keep in view in order to maintain our distinction, is that everything we do there for the development of homœopathy must be of the highest standard that it is possible to attain—(Applause); that is to say, that homœopathic hospitals, dispensaries and literature must be up-to-date in every respect. That is the aim—and I say it publicly without fear of contradiction—of the London and Liverpool hospitals and other hospitals in the country. We want to so follow our practice that our medicines shall be up-to-date in every possible degree. On the other hand, you are aware that to develop our distinctive method of practice is a very difficult subject, and it would take me far too long to give even an outline of the subject, and I can only touch one or two very general points. It seems to me that in this country, so far as homœopathy is concerned, we are in the transition stage, and have been for some years. As science advances and as the methods

of science become more accurate and more precise, of course it is necessary that our method, so far as the development of pathogenesis and knowledge of drugs is concerned, should advance as other sciences advance. That is very difficult to carry out, and, being in the transition stage, we have no Carnegie as yet to endow a school in England or Scotland—though, perhaps, one is coming along; I do not despair of it, but I cannot trust to it. We have no great endowment, and, moreover, we have no school where men can be free from the sphere of general practice and devote themselves to scientific work exclusively. In this way we are handicapped in a way of which those outside the body can have no conception. (Hear, hear.) Although we may not make scientific observations and publish them in the *Lancet* or some other journal, we are doing something; in another way, we are busy doing the best we can to cure our patients—(Applause)—and that is work which to a certain extent lies in the background. In course of time we shall have progressed so far as to have established a body which shall be free from the care of general practice and be able to devote itself to special work and the development of our knowledge of *materia medica* and its application to the treatment of diseases. Along that line we may expect to develop. We have to wait for many things. In London, in a few more years, our hospital may be in a position to qualify as a medical school. It may be known to most of you that there is a site contiguous to our hospital which belongs to the trustees of the hospital, and when the lease falls in the site will be built upon, and then we shall be able to make the alteration whereby the number of beds will be raised to that qualifying for a medical school. That is not in the dim and distant future, but in the immediate future, and in a few years, I trust, we may look forward to that which will be a very great step in advance for us in this country. (Applause.) One other point before I sit down. In Dr. Nankivell's paper to-day—an extremely interesting one, and I had not the opportunity of saying how much I enjoyed it, but we all did enjoy it immensely (Applause)—it was a treat to have such a thoroughly-going masterly exposition on a subject with which we have to deal every day. In his paper there was a foreshadowing of the line along which our method must be developed. It is not the popular method; it is looked down upon by many men as being academic and unpractical. Well, I am not afraid of being academic; I have rather a fancy for it. What we have to remember is that practice as yet is not reconciled with the fundamental principle of physiology and pathology, and it seems to me our future will depend a good deal on whether we can base a rule of work upon a sound scientific doctrine. It does not depend upon lowering our flag; it

depends on whether we see the advance from the other side, that if physiology advance sufficiently to show the relationship of the law of similars, then it will be reconciled, and not before. I will sit down with one quotation. It was somewhat pathetic for the poet Browning to put in his last lines "The best is yet to be," but I should like to sit down with that quotation so far as our method is concerned. There is not the slightest doubt about the question; we have the principle of medicine in our keeping. (Applause.) If that is the case the best must be "yet to be," because medicine is yet to be leavened by homœopathy. I thank you for the kind attention you have given to my remarks. (Applause.)

The Vice-president, in calling upon Dr. Hayward, senr., to propose the next toast, said he had received a telegram which he would now read, as it had some bearing on the item, it being from a gentleman they had hoped to have as a guest that evening. The telegram read as follows: "Extremely sorry am prevented by business from taking part in your interesting gathering to-night; wish every possible success to your movement.—Alf. L. Jones." Those who resided in Liverpool knew that such a wish ensured success, for Alf. L. Jones never wished success to anything that would not succeed; it was a way he had of helping it to succeed. (Applause.)

Dr. J. W. Hayward, in giving the toast of "Our Guests," said: Mr. President, Ladies and Gentlemen,—I am extremely pleased that this toast has fallen to my lot, and especially as my son has added that I may include the ladies. (Laughter.) I was intending to ask if anyone was going to join me and make it a double toast; I would propose the male guests and someone else the ladies. I know many gentlemen would be better able than I to propose the health of the ladies—"No"—and therefore I am inclined to confine my remarks principally to those who are, according to my paper, the Liverpool guests; but that I object to, for we have guests from elsewhere, and especially among the ladies. To our guests I ask you to drink health and long life, and as my son has referred to our chairman of committees, Mr. Stitt, I can enlarge very much upon his great qualities and usefulness to our Hospital. When I think of the labour he has devoted in connection with the work of renovation which he has effected in the operating theatre and the trouble he took over it, I know his labours have been very extensive and we are very much indebted to him. When I think of that operating theatre I shall always connect it with the name of Stitt. (Applause.) Of our treasurer, Mr. Shorrocks Eccles, I am quite sure I cannot speak too highly. He has guided us well, and when he has looked over the accounts he has sometimes said: "We are going too far, you cannot have that; I

won't allow it " ; and we have said in return, " We must," and he has replied, " Well, if you do, you will have to find the funds." (Laughter, and Hear, hear.) I am quite sure if our treasurer were not so firm we should have got into the Bankruptcy Court. (Laughter.) As for the other guests, they are too numerous to particularise. Mr. Jones wished to have been in our midst, but he is always sailing or getting someone else to sail. He said he was sorry not to be able to come, but he had to attend the launching of a vessel for the West Indian Line—he is developing Jamaica, and I suppose it requires recovering, and if anyone can recover it, it is Alf. L. Jones. (Applause.) I shall not occupy your time longer, but will conclude by saying that I propose and heartily wish to our guests—ladies and gentlemen—health, happiness and long life. (Applause.)

Mr. Shorrocks Eccles, in responding to the toast, said: Mr. President, Dr. Hayward, and Ladies and Gentlemen,—I expect you know what nervous prostration means, and when Mr. Stitt and I noticed this card this evening and saw our two names written in pencil I can tell you we were both struck with that fell disease. (Laughter.) And when we heard that telegram read, expressing the president's hope that " good digestion might wait on appetite," we felt it could not be so in our case. We could have no digestion and we have scarcely dared to eat of this repast so amply provided for our delectation. Our only feeling of joy was that there were so many medical men here, so that were we very ill we could be very well cared for. (Laughter.) I think you will therefore excuse me if any remarks that I may have to make fall short owing to the very nervous state I am in at the present time. My one delight is that I have to respond not only for the gentlemen, but also for the ladies, and one feels more or less inspired when about to speak for the ladies (Applause), and so, perhaps, I feel better than I might otherwise have done. It is a very pleasing toast to which I have to respond. Dr. Hayward has spoken very kindly of us as guests, and he has wished us long life and health. I think our long life and our health are in the hands of our hosts, and so we must leave it with them. We owe a great deal to our hosts of to-night. At times we ask a great deal from our doctors and they are always responsive to our call, whatever we ask—if we are ailing in any way and go to them they are only too pleased to watch over us and nurse us back to recovery, and they always give us the right pilules at the right time. (Hear, hear, and laughter.) So I am quite sure we owe a great deal to them in every possible way. And to-night we owe them an altogether extra debt of gratitude; we have to thank them for the exceedingly pleasant evening ; we are very pleased to have been asked to come, and

as their guests we congratulate them on having come to Liverpool, and hope if they are going to treat us in this way when they come that they will soon come again. (Laughter, and applause.) I trust that their deliberations to-day will have been of value to them and consequently in the end to us; and so they will be able to prolong our lives and give us good health and happiness; and we trust that they will go back home again refreshed with the sea breezes they may have enjoyed in Liverpool if they have been to the Pier head, and that they may feel that their visit has been a pleasant one and that they have gained by it in every possible way. So we thank them very heartily for their hospitality to us, and we trust we shall live to see their hospitality renewed in the future; and we hope some day it will be in our power to reciprocate that hospitality and have them as our guests (Hear, hear), which I feel sure it would be a delight to the ladies and gentlemen to undertake. We do thank you very heartily for your hospitality and kindness this evening. (Applause.)

The Rev. Canon Armour was also called upon to respond, and said: Mr. President, Ladies and Gentlemen,—I beg to concur most heartily in the remarks which have fallen from Mr. Shorrock Eccles. If I were to plead I was suffering from nervous prostration (Laughter), I am afraid it would be received with smiles of incredulity, but I will say I looked at the toast list with very great pleasure when I came into the room and felt that I had an evening's pure enjoyment before me. But the vanity of human happiness is once more illustrated by my being called upon to respond to this toast. It would be very great affectation on my part if I pretended it was not a matter of great pleasure to me, and I feel very grateful and honoured by the invitation to be present. I have always felt great interest in the school of medicine called the Homœopathic school. (Applause.) I have very many times seen the beneficial results which have accrued from a homœopathic prescription. We have had a most delightful prescription this evening, salutary for the body and salutary for the mind. The material part of the entertainment has been most delightful, and I have listened with peculiar interest, especially to what may be called the speeches connected with the toast of the evening—that delivered by Mr. Stitt, and very ably referred to by Dr. Goldsbrough. It seems to me that the esteem in which homœopathy is held at the present time is its greatest justification. (Applause.) I am old enough to remember thirty or forty years ago, when homœopathy was abused in every mood and tense by certain members of the older school of practitioners. But you do not hear that now. (Applause.) Homœopathy has come to stay, it has established itself as a great school of medical

treatment, and I would venture to say as a progressive school. (Applause.) Sometimes when I hear homœopathy treated with a certain amount of obloquy, I have led the conversation mischievously round in my communications with men of the older school, and have elicited from them the very frank admission that medicine was not one of the exact sciences. In almost every company of medical men you will hear that admission frankly made. If Medicine is not one of the exact sciences, can the members of any one set—the members of the medical profession—afford to vilify or pour contempt upon those of the same profession who may possibly think differently from them? (Hear, hear, and applause.) I think the very fact that Medicine is not an exact science—and I suppose the foremost man in this room will admit it—is a very great argument in favour of keeping men in what may be called the truly Baconian attitude of receptivity. (Applause.) I remember the saying of Lord Bacon, that when two apparent truths are in conflict it behoves those who hold them to exercise patience and wait for the development of a further truth which shall reconcile those two apparently in conflict. Now, from what Dr. Goldsborough said, I take it that he believed, and I agree with him, that the hope of arriving at this higher truth lies in the principles of homœopathy. I think the truth of that has been seen in the wonderful effect homœopathy has had upon the drugs of the older school of medicine. (Applause.) It is a commonplace, a truism with which everyone is familiar now-a-days that the old method of drenching, of the prescription of drugs *ad libitum*, has passed away or been very much modified, and the cause has confessedly been the homœopathic system. (Applause.) I think therefore that we may look forward to a future eclectic system, whose principles will include some of the best points of both systems of medicine which we already have at the present time. Our homœopathic school has in itself the elements of progress, and as it advances I believe it will be reserved for your Congress to contribute much to the advancing of medical science to that position which we all desire it to hold in the future—that of an exact science. (Applause.) I am very sorry, I am afraid I have fallen into a very dry mode and begun to be academical—(Applause)—but I beg to thank you most heartily for the invitation I have shared. (Applause.)

Dr. Proctor was entrusted with the next toast, the last on the printed programme, and said: Mr. President, Ladies and Gentlemen,—I quite sympathise with some of the preceding speakers who felt when they saw the programme that their appetite was likely to be impaired in consequence of their being called upon for a speech; but I can assure those gentlemen, that according to the card I have in my hand the injury that

was done to them was *impromptu* and amounted to nothing more than manslaughter, but in the case of myself it was deliberate murder. (Laughter.) I was printed on the list, and it was a case of *malice prepense*. (Loud laughter.) I am bound to say that my duty is a very humble one, it is to propose the health of the officers of the Congress and the readers of papers. The officers of the Congress have, I think, done their duty in a most exemplary manner. I do not remember any Congress that has gone off so smoothly, and the intellectual bill of fare was so varied and so ample that we have not been able to do full justice to it, and we have not been able to get through it, and the only consolation that remains is the fact that we shall have the chance of reading in our journals the papers we have not been able to have read. As regards the material part of their duty in providing for our creature comforts, Canon Armour has rightly laid stress on that point and I think there will be no need for *nux vomica* or *pulsatilla* to-morrow. The dinner has been of the most *recherché* kind, and I trust there will be no bitter reflection upon it in the morning. (Laughter.) Dr. Goldsborough spoke very admirably as regards the duty of the Congress in keeping alive the vestal flame that we are here to-day to maintain. But even the priestesses of the temple of Vesta required their creature comforts looking after, and we as the priests maintaining the flame of homœopathy alive, have had our creature comforts admirably looked after. (Applause.) I think the thanks of the whole meeting are fairly due to the officers of the Congress and the readers of the papers who have provided so amply, so variedly, and so—I was going to say “scrumptiously”—(Laughter)—for our intellectual and physical support. I have great pleasure in proposing the toast. (Applause.)

Dr. Dyce Brown in reply said: Mr. President, Dr. Proctor, Ladies and Gentlemen,—I beg to thank you most heartily in the name of my brother officers of the Congress for the kind way in which you have spoken of us and our small efforts to make the Congress successful. To hear that in the opinion of the members it has been successful in every way is our reward. What we do in the way of arranging matters for the Annual Congress is a very great pleasure; it is a labour of love, because it conduces so much to the “smooth going” of our body and to the fellowship and friendship which it produces. At these Congresses men meet together who, were it not for them, might not see one another from year’s end to year’s end. And they meet together not for mere sociality and a dinner, but for good solid hard work during the day, and then enjoy a more social meeting in the evening. In common with other members of the Congress, we appreciate most highly the great hospitality of

our friends at Liverpool, who were so kind as to make us their guests at luncheon. To find that the little we have done is considered to have been so successful is our great reward and pleasure, and in saying so I think I am expressing the feeling of my brother officers. Some of us have been long connected with the Congress. I am proud to say that I have been secretary for twenty years (Applause), and my colleague, Dr. Madden, has been treasurer for a long period, I forget exactly how long. The other officers must necessarily be appointed from year to year, and I think the general feeling is that Congress should be kept up and not allowed to go down, because it proves so valuable in the direction I have indicated. (Hear, hear.) I beg in the name of the readers of papers to thank you for the vote accorded to them. We all join in our expression as to the value of the papers; our only regret is that on account of the long time occupied by necessary business, Dr. Hawkes's paper was obliged to be taken as read, on his most generous suggestion. We should have been delighted to have heard it, but most generously he offered to take it as read. We shall all look forward with pleasure to reading it in print. (Applause.) I beg again to thank you extremely for the kind way in which the toast has been received. (Applause.)

Dr. Johnstone then claimed the attention of the company and said: Ladies and Gentlemen,—A very pleasing duty has devolved upon me. I have been requested to perform it by the officers of the Society. They have already been eulogised by Dr. Proctor in his speech—(Laughter)—and I have to thank them for asking me at the latest moment to give you this toast. I say they have conferred a benefit on me, for in asking me at the last moment they have not interfered with my enjoyment of this very congenial meeting. It is interesting to notice as one attends the Congress from year to year how one sees amongst the company our old friends. I am sorry that on this occasion we miss from our midst a number of our old friends. We miss the cordial smile of Dr. Dudgeon—(Applause)—the philosophic mien of Dr. Hughes, and the kindly faces of many others I could mention. Amongst these latter are, Dr. Clifton, of Northampton, and especially Dr. George Clifton, of Leicester, who should have graced the presidential chair this evening. (Applause.) It has been said that this Congress is a congress of young men, and in witness of the truth of that statement we have one of the foremost of our younger men filling the presidential chair this evening. (Applause.) Dr. J. Hayward, as we all know, comes of a worthy stock. (Hear, hear.) His father is one of the old brigade—(Applause);—he is with us to-night, and those of us who had the pleasure of being present at the Hospital this afternoon could not but feel the pleasure

and due solemnity of the occasion when his portrait was unveiled in the Board-room of the Hospital. (Hear, hear.) It has given us great pleasure, therefore, to have as our president, Dr. John Hayward, who has ably filled the chair, and has conducted the work of the Congress during the day and has graced the head of the table at this sumptuous feast. (Applause.) I therefore give you the toast of our Acting President, Dr. John Hayward, and ask you to drink heartily to his health, long life and prosperity. (Loud applause.)

The toast was most enthusiastically received with musical honours and cheers for Dr. and Mrs. Hayward and "the little Haywards."

The Vice-president, in acknowledging the compliment, said : Dr. Johnstone, Ladies and Gentlemen,—This is an evening of the unexpected, and I can assure you nothing has been more unexpected than that I should have to reply to such a toast. When, a year ago, the Congress did me the honour to elect me to this post I could not believe it, but I was comforted by false prophets who said, "It means nothing, neither a compliment nor anything else." (Laughter.) I feel sure the prophecy has come back on their own heads by the fact that you have had to submit to me being in the presidential chair on this occasion. (Applause.) I can only thank you ; I feel myself that I have been too much *en evidence* to-day and I do not wish to obtrude longer. I do thank you very much. I would say that the conditions of neurasthenia which previous speakers have laid claim to is as nothing to the hysteria which overcame me when I heard you so very kindly and affectionately drink my health. (Applause.) I did hope when Dr. Johnstone rose—and certainly the first part of his speech pointed to it—that he was going to propose what I have wanted to do all the evening, but have lacked the opportunity, so will do it now. With the toast I propose I have associated with Dr. Simpson the three gentlemen mentioned by Dr. Johnstone—Drs. Hughes, Clifton and Dudgeon. Though their bodies are not able to be present, their hearts are with us, and I am going to ask you to request the secretary to convey our good wishes to these gentlemen. (Applause.) I think this is the first Congress probably for thirty or forty years that Dr. Dudgeon has not attended—I may be wrong ; and Dr. Hughes has attended a large number of the Congresses which have taken place now for fifty-one years ; and almost from the first Dr. Dudgeon has been one of the most regular attendants. I am, therefore, going to ask you to request the secretary to convey to them the sorrow we feel that they are not here, with our fraternal greeting, and any other kind expression that it may occur to him to add. If he will undertake this duty I am sure he will only convey to them the feeling which

animates us all. (Hear, hear.) You kindly joined Mrs. Hayward's name with this toast, and I thank you on her behalf. The weather is very unpropitious, but we trust and hope a large proportion of you will favour us to-morrow at our home. In the words of the comic song, we say "Let 'em all come." It is called a garden party, but should the weather be unfavourable we hope to interest you in other ways, and I hope all will come who possibly can. In conclusion, I would again say we really ought to have had the toast of "Absent Friends," and if I may propose it in the way I have suggested I will do so. (A voice : "Include Dr. Pope.") I shall be pleased to do so and any others, and I will ask you to signify the heartiness in which you wish the message to be sent. (Applause.)

Dr. Dyce Brown : It will give me the greatest pleasure to do as you ask, and if I may act on the suggestion and add the name of Dr. Pope—whose name is a household word in homœopathy, whose attendance at Congress has been regular as clockwork, and who is only prevented by ill-health from attending, and has written wishing us all success—it will give me great pleasure to add his name. (Applause.)

Dr. Simpson : I think it a great honour to have my name mentioned in connection with the veterans of homœopathy, and as I have the privilege of knowing all the gentlemen whose names have been enunciated, I desire to endorse and emphasize what has been said. I rejoice to know that on the part of the young men present there is a desire to express their grateful appreciation of the valuable services which these gentlemen have rendered to homœopathy. Briefly, I would say that our hearty thanks are due to those men, and we should send them greeting from this Congress, therefore I ask you to permit me to support this message of congratulation to the veterans of homœopathy whose names have been already mentioned. (Applause.)

The members and guests then bade adieu, and a most delightful evening came to a close.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Mr. C. J. WILKINSON.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays and Saturdays, 2.0; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Wednesdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Dental Cases, Wednesdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Wednesdays, 9 A.M.

The pressure of Congress matter compels us to hold over several articles and letters to a future number.

A TRUE HOMŒOPATH.—A letter with this signature has been received. We cannot agree to print letters that are anonymous unless a private card accompanies them to ensure *bona fides*. Independently of this, we decline to print a letter couched in the language of this one, or which imputes dishonourable motives to others.

Letters have been received from the following:—Dr. BEALE (London); Dr. CLIFTON (Leicester); Dr. CROUCHER (Eastbourne); Dr. DUDGEON (London); Dr. NANKIVELL (Bournemouth); Mr. S. ROBINSON (Handsworth); Dr. SIMPSON (Liverpool).

BOOKS RECEIVED.

Index to Homœopathic Provings. By T. L. Bradford, M.D. Philadelphia: Boericke & Tafel, 1901. *Hay Fever and Catarrh of Head and Nose, with their Preventive and Curative treatment.* By E. B. Fanning, M.D. Philadelphia: Boericke & Tafel, 1901. *The Story of the Papau.* By F. B. Kilmer. Philadelphia: Office of the American Journal of Pharmacy, 1901. *Annual Announcement of the Massachusetts Homœopathic Society, 1901-1902.* London.—*The Chemist and Druggist*, September. *The Homœopathic World*, September. *The Vaccination Enquirer*, September. St. Andrew.—*The Temperance Critic*, September 5th. Calcutta.—*The Calcutta Journal of Medicine*, July. Chicago.—*The Clinique*, August. *The Medical Era*, July. *The Hahnemannian Advocate*. New York.—*The Medical Times*, September. *The Medical Century*, September. *The North American Journal of Homœopathy*, September. Philadelphia.—*The Hahnemannian Monthly*, September. Lancaster, Pa.—*The Homœopathic Recorder*, September. *The Minneapolis Homœopathic Magazine*, August. San Diego.—*The Pacific Coast Journal of Homœopathy*, August. Baltimore.—*The American Medical Monthly*, August. St. Louis.—*The Medical Brief*, September. Paris.—*Révue Homœopathique Française*, September. *Le Mois Médico-Chirurgical*, September. Leipzig.—*Hom. Zeitschrift*, September. The Hague.—*Homöopathische Maanblatt*, September. Rome.—*Revista Onoopatrica*, July and August.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NREATER, 178, Haverstock Hill, N.W.; or to Mr. WILKINSON, 3, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. F. GOULD & SONS, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

TAKING STOCK.

IN all sound business transactions it is essential at stated intervals to take stock, and ascertain honestly how the business is prospering, in order to decide on the best course to pursue for the future. And, in our comparatively small body—comparatively small, that is, in Great Britain, it is useful and healthy to consider how we stand in our relations with the old school, and to act accordingly. It is almost a law of nature that the pendulum swings, not only literally, but metaphorically. In politics we see it, and look for it, and hence the change of voting, and of government from Liberal to Conservative, and back again after a time. In religion and theology, the same thing is observed. A train of thought and feeling in one direction seems almost universal for a time, but gradually the ardour subsides, other views gain the ascendant, and the swing of the pendulum may go as far in the other direction. In science even, it is almost the rule. Theories which at one time seemed proved, and which became so much a general belief that anyone who ventured to doubt them was looked upon as antiquated and fossilized, are suddenly discovered to be fallacious, the reaction comes on, and the old theories are quietly

shelved and forgotten, while something entirely different, if not opposite, gains the field. Especially is this process exemplified in theories of medicine, making the history of medicine, at all events in the old school, an interesting, if rather a depressing study. In the domain of homœopathy, and as regards its bed-rock, the law of similars, we have a notable exception to this swinging of the pendulum. There has been no recoil from the law enunciated by the immortal HAHNEMANN, which still holds the field as strongly as ever, and which, as a law of nature, is destined to be permanent in its influence on therapeutics. But, with the politics of homœopathy, it is different. Here we see the same law of the pendulum exemplified.

In the early days of homœopathy, when it had to fight its way in spite of the most virulent opposition, when its doctrines were not only treated with contempt, but when its adherents had to suffer under the obloquy of being called knaves or fools, or both, a strong militant attitude was not only necessary for the propagation of the truth, but essential in self-defence. Those who had adopted the new practice were keen in using every means to teach the public, to influence their professional opponents, and to stand their ground manfully in the face of the ridicule and ostracism which usually fall to the lot of reformers. This attitude was successful so far. Their opponents found it no longer possible to speak of homœopaths as knaves and fools; the public took up the cudgels; men of the highest position in science, politics, and in shrewd business positions, became the staunch supporters of homœopathy; hospitals and dispensaries were started and carried on vigorously and successfully all over the country; till, by degrees, homœopathy obtained the firm and strong position it now holds. Even the old-school profession climbed down to the point of reducing their open opposition to a simple charge of sectarianism, on account of which their ethical minds forbade them to have any professional relations with those who allowed themselves to be called by the hated name of homœopaths.

When this point had been reached, a feeling of desire for a quiet and peaceable life crept in. The pendulum swung the other way, the militant attitude was dropped, and it was thought wise to let things go on smoothly.

working away in practice, and avoiding doing anything which could tend to keep up opposition on the part of the old school, by maintaining a strictly correct ethical position. By these means it was hoped that a friendly feeling towards homœopathy would be engendered, and a gradual *rapprochement* on their part towards ourselves induced. Even the editors of the *British Journal of Homœopathy*, when they resolved to end its honourable and distinguished career, gave as the main reason for so doing, "that the militant attitude of homœopathy was no longer needed."

In more recent days another piece of policy was adopted by many of our school in regard to a matter on which there was much difference of opinion, and which we refrain from naming on account of this difference of opinion still existing. This policy was adopted by a number of our men sufficient to attain the object immediately in hand. The aim of this policy was to remove any ground which the old school might think justified them in calling us sectarian. Whether this result has been obtained or not, we refrain from expressing an opinion at present, and prefer to leave the matter without further remark.

But recently there has been a widely felt and expressed opinion, that it is time for homœopaths to cease lying on their oars, and to be up and doing. It is felt that the policy of silence on the part of the old school may be more effectively killing than open and rancorous opposition. We have come to a stage in the relations between the two schools when there is a real danger of our being quietly swamped and absorbed by the old school, if we calmly lie on our oars. It is well known that a good many prominent men in the old school know that homœopathy is true, and would wish to be friendly, but they cannot, for fear of the trades-union, as it virtually is, express their opinions, or adopt homœopathic treatment, except *sub rosa*. Whether in a profession like medicine, where patients commit the care of their health and their lives to their doctor, and where they expect that he will do for them what he knows is best, such conduct is honest, we leave others to judge; all we can say is that it does not correspond to the ideas of honesty in which we have been brought up, and we are told in Holy Writ, that if a man knows what is right,

and does it not, to him it is sin. But while this is the case with some, yet it is also well known that the large majority of the old school remain wilfully in the most egregious ignorance of the very elements of homœopathy, or even of its meaning. This ignorance is largely the result of the boycotting attitude of the trades-union, on account of which ordinary practitioners have nothing to induce them, and in fact, quite the reverse, to enquire into the tenets and practice of homœopathy.

While this state of affairs exists, we find that allopathic advertising chemists have succeeded in quietly introducing homœopathic medicines to the notice of the old school, not as homœopathic medicines, which would at once prevent their sale and use, but as "new" remedies. These "new remedies" are tried, found successful, and adopted without an idea, on the part of many, that they are homœopathic; while, on the part of others who know they are homœopathic, they are openly used on the authority of Ringer, or other similar crypto-homœopathic writers, or on the authority of the advertising chemists, or on the authority of the recently numerous bits of homœopathic articles which have appeared in the old school journals, without any hint of their source, or of their real meaning. We, therefore, now find ourselves frequently confronted with the fact of an allopath prescribing a homœopathic remedy, and when he is taxed by his patient for so doing, replying, "Oh, that is not homœopathic, we have been long using it"! This clearly shows what the old-school game of war is. They hope by the gradual introduction of homœopathic treatment in this surreptitious way, to be able in time, when the fitting opportunity arrives, to re-discover the great law of similars by scientific experiments, to enunciate it in new terms and by a different name, and say that they have been in the way of using this treatment for a long time, and that they arrived at that result, not from homœopathy, but from scientific investigation.

This they shrewdly perceive would more effectually checkmate homœopaths, than any other course, while it would save them the disagreeable necessity of seeming to "climb down" from their present "high-falutin'" attitude. We should then be absorbed, and at the same time be equally ostracised. All our labour for the cause

of homœopathy would be ignored, and a coarse or rough homœopathy adopted as the fashionable practice. And this is what we object to. We do not care for ourselves personally, whether we be thus treated or not, but we do care that homœopathy should be thus degraded, or retrograded by the adoption of what would certainly be a very rough, coarse, and unsuccessful mode of practice.

It may be said that if we are anxious for the spread of homœopathy, we ought rather to rejoice that its remedies are thus gradually being adapted by the old school. So we do in one way, as any knowledge of it, even in the way of mere "tips," is better than nothing. But when they are employed as mere "tips," and when the principle on which these "tips" are successful is kept studiously in the background, or actually denied and scoffed at, we do not rejoice. Instead of advancing homœopathy, it keeps it back. Mere empirical use of homœopathic remedies can never advance the art of therapeutics. The principle which underlies them must be known and admitted before any real progress can result.

We must therefore do all in our power to prevent the carrying out of this attempt on the part of our friends the enemy.

What is to be done? The reply is, we must resume our militant attitude, maintain our position, whether we are thereby termed sectarian or not, and carry the war into the enemy's camp. And they will respect us all the more for it. We shall never forget a conversation we had some years ago with a well-known specialist of liberal views. In it he said, "I wonder you homœopaths do not assert yourselves more than you do."

The feeling which, as we have said, is now pretty general in our camp, was brought to a head, and admirably "voiced," by Dr. BURFORD in his spirited and spirit-stirring address last month, as President of the British Homœopathic Society, which although listened to and applauded by a very large meeting of the Society, cannot be in the hands of all our colleagues till the next number of the Society's *Journal* is issued. Dr. BURFORD maintained that now is the time to strike and act vigorously, and he sketched out a scheme, admirably full and complete, for the purpose. He insisted that means should be taken to render more fully available the

admirable clinical material of the London Homœopathic Hospital, that systematic courses of lectures on the Homœopathic materia medica and on therapeutics should be resumed as in former days at the London School of Homœopathy, that these lectures should be delivered in London, and in the larger provincial cities, that a statement of our tenets and mode of practice should be drawn up, and sent to every practitioner in the United Kingdom, that tracts on the lines of those of the Homœopathic league, should be distributed broadcast in the profession, that fresh provings of medicines, or revised ones, should be undertaken, and that original investigations on drugs or other important scientific subjects bearing on homœopathy should be encouraged.

All this, as he pointed out, requires energy, co-operation and organization on a complete scale, *but it also requires money*. Such a scheme cannot be accomplished without money, and money must be found. Dr. BURFORD suggested that a fund, to be called "The Twentieth Century Fund," be raised, requiring a minimum of £10,000, to yield an interest of at least £300 per annum. This proposal was received with unanimous applause, and though it is not usual, at the conclusion of a presidential address, to do more than to move a vote of thanks for it, it was felt that it was wise to strike while the iron was hot. Dr. DYCE BROWN therefore, in moving the vote of thanks, proposed, and Dr. BYRES MOIR seconded, a resolution to the effect that the Council of the Society be requested to form a committee, consisting of laymen as well as medical men, with power to add to their number, with the view of formulating a definite and detailed plan of campaign. The clause "with power to add to their number," was inserted in order that all of our colleagues who wished to show their approval of this policy, would be welcomed as members of committee, although their names might not appear in the first list as selected by the Council. They will thus see that the arrangement of the scheme will not be in the hands of a few, but will be the outcome of the condensed opinion and advice of our entire body. The motion was carried unanimously, and it will soon, we expect, be acted on by the Council.

We earnestly trust that all will join in furthering this scheme, of which the details will be duly announced

when completed, and that they will each and all not only put out their full energy and influence to carry it out, but liberally help with their money to raise the needful funds.

We have thus "taken stock" of our position, and come to a resolution how to act for the future. We must hand down to our successors the great cause we are privileged to have at present in our keeping, and bequeath to them the gift of HAHNEMANN's genius, not retrograded, or degraded by the tactics of the old school, but advanced in every way, and rendered firmer than ever in its foundations. If we do this, we shall not only do honour to the cause, but to ourselves. We shall look back on our past with the healthy satisfaction that in having done our duty, having stood to our colours, we have materially furthered the universal acknowledgment of the greatest medical truth ever enunciated. This universal acknowledgment, we are absolutely certain, will come. Let it be the aim of everyone who believes with us, to do all he can to bring the goal nearer. Collective action is necessary, but let it not be forgotten that individuals compose a collective body, and individual effort is essential to success.

CARDIAC DEBILITY.

BY HERBERT NANKIVELL, M.D.

(Continued from page 605.)

I will here specially refer you to Plate 15, which indicates the improvement that took place in a senile heart, dilated as you will see, and complicated with recurrent cardiac asthma. Dr. Bertram Nankivell administered the exercises, the heart area decreased very markedly, and the cardiac asthma disappeared entirely. From what he has informed me of the case, the improvement at the time was evidently due to the exercises.

Associated specially with the "Widerstand" exercises is the balneological treatment of the enfeebled myocardium carried out at Bad-Nauheim, which lies on the eastern slopes of the Taunus, between Giessen and Frankfort-on-the-Main. More than thirty years ago

Prof. Benecke, of Giessen University, indicated the possibilities which lay before us in the treatment of the heart-muscle, by courses of baths in the warm sprudels of this town. These possibilities have since then been remarkably developed by Dr. August Schott, Prof. Groedel, Prof. Theodore Schott and other medical men who have practised in that locality.

The course may be divided into four stages :

(1.) The thermal baths, from which, by exposure, most of the carbonic acid has escaped, and the iron salts have decomposed and been precipitated.

(2.) The thermal baths, strengthened by additions of mother lye, which contains nearly 400 grammes of chloride of calcium to the litre.

(3.) The sprudel baths, which are perfectly clear and effervescent.

(4.) The strom-sprudel, in which a continuous current of the sprudel flows through the bath, while the patient is immersed.

Graduation in strength is the secret of the favourable application of the treatment, and this is still further accentuated by (1.) Prolonging from time to time the duration of the baths ; and (2.) By lowering gradually the temperature at which the bath is taken. Thus a course which begins with seven minutes for each bath at a temperature of 92°F. may end with a duration of 15 to 20 minutes, with a temperature reduced to 87° or 84°. A course of baths generally consists of from 25 to 35, and covers a time of five or six weeks.

After the bath, warm soup or milk is taken, and rest on a couch, or preferably in bed, enjoined for one or two hours. It would be of the greatest advantage to the patients if the authorities at Nauheim would erect some spacious shelter hard by the bath-houses, where food and rest might be taken at once, so that the patient should no longer have to repair to the more distant hotels and lodging houses for these purposes.

Now what is the *methodus medendi* here ? A Nauheim bath, like all other baths, at six or eight degrees beneath the normal temperature, throws extra work on the heart, and if sufficiently prolonged will tire and weaken it—for it abstracts heat from the body and it increases the heart's work by pressure on the surface capillaries. But the effect of a short bath is like that of a shower

bath, or a cold sponge-over : it stimulates the heart and causes reaction. The secret of success is to give at first the short bath and the weak bath, and afterwards the longer and stronger as they can be borne. It is wiser to give a bath 25% less in duration, temperature and power than the patient can bear, than 10% more. The small therapeutic dose is a necessity of the case.

Undoubtedly the saline constituents of the water and the mother lye assist the baths in their work ; the chlorides of sodium and of calcium act through the cutaneous nerves on the ventricular systole, and the carbonic acid appears to prevent that spasmodic contraction of the capillaries which would otherwise ensue during a prolonged bath, and reaction is therefore established more easily and immediately on leaving it. There is also to be taken into consideration the tissue changes and replacements of worn out material, which go on more rapidly than normally during a bath course, and these will account in a considerable degree for the greater permanence of the cure, though they are not strictly speaking of it.

At Oeynhausen, there are baths of a similar character. At Llangammarch, in Wales, is another spring, which is also specially rich in barium salts, but its paucity prevents its coming into general use, as it only supplies about 600 gallons per diem. At Bourbon Lancy are other baths, which are practically worked so as to produce ameliorating effects, particularly in arterio-sclerosis, rather than in the associated cardiac debility.

Artificial Nauheim baths are also in use in establishments in Bath, Harrogate, Leamington and London. I think myself, after some years of observation, that for those patients who are unwilling, or unfitted to proceed to Nauheim, the best results can be obtained by submitting them to artificial baths in their own residences, or in quiet, comfortable lodgings. The excitement of the bath house is often detrimental to heart cases, as is the want of individual attention during and after the bath. The advantage of passing at once from the bath to the bed chamber, without delay, dressing and exposure to air, is of the greatest importance. The diminution of the heart area at the time of leaving the bath is often still more accentuated at the end of two hours' rest, and this can be and has been demonstrated.

As to the baths I have been in the habit of prescribing, the best of all bases is warm sea water. When that cannot be readily obtained, from six to eight pounds of common salt may be first dissolved in the bath water; and to this is added a certain quantity of a concentrated solution of the Nauheim salts, beginning with one or two pints, and so on gradually to as much as a gallon. Further strength may be obtained by the addition of chloride of calcium, one, two, or three ounces to each bath. Effervescence can be arranged for by the use of Sandow's tablets of sulphuric acid and bags of carbonate of soda. Graduation in the amount of effervescing material should be followed out just as in the case of the other constituents.

As a rule, the heart-area contracts more rapidly during the first twelve baths, than during the second twelve. After a time, one notices that the amount of contraction ceases to vary, and the work of the subsequent baths is to stereotype the improvement. I have often found in contractile hearts a very large decrease in the first half dozen baths, and I am compelled to conclude that improvement is due to the direct action of bathing, and not indirectly, through general improvement in the patient's health. Still, it remains true that in cases under forty, improvement is often progressive for many months after the course if care is taken, and this naturally is due in some degree to the generally improved condition of the patient.

A few words are necessary regarding the cases which are here illustrated.

Plate I. needs no further comment.

Plate II. represents a dilated heart in an athlete and smoker: the pulse was extremely irregular. He was often giddy, there were apical and basic systolic bruits, both of which disappeared during treatment at Nauheim, in the summer of 1896. The red out-line was taken in 1899, shewing progressive improvement, and he is able to shoot, and can stand moderate sea-sickness even, without harm. He has never had a second course and remains well.

Plate III. is the case of a young athlete who had completely broken down for a period of eighteen months. The tricuspid was incompetent. He was under treatment in Bournemouth from September 24th to November

4th, 1897, with excellent results. He has worked since steadily at his living, and on one occasion knocked his man over who had made unkind reflections on his myocardial condition.

Plate IV.—A Londoner, over 30, dilated his heart in a long bicycle ride, four months before he came to me. Apparently no spontaneous improvement had taken place, and he was very unfit for work. He was put on baths at once with excellent results, and in less than two months had gotten a pretty normal heart.

Plate V. represents a dilatation consequent on rheumatic fever and mitral insufficiency, occurring five years previously. The red line of improvement has been since maintained. The bath course was given 2½ years ago.

Plate VI. has not yet come under treatment: it is an advanced case of a dilating compensative eccentric hypertrophy, with double aortic murmur and mitral insufficiency. The patient is free from pain and discomfort, and does not feel conscious of his heaving systole. I am not sanguine as to results, as there has been extensive pericarditis.

Plate VII.—A case of old standing Graves' disease: dilatation, specially of left ventricle, with cardiac stenosis and mitral inefficiency. Very considerable improvement followed treatment, and the mitral valve closed up again. I am unable to speak of the present condition, which would be interesting, as the case was treated four years ago.

Plate VIII. represents a heart after years of chronic asthma and emphysema. There was often severe headache, and giddiness. Baths were given 2½ years ago with considerable benefit to the heart and system generally, but a certain relapse has since occurred from the renewal of bronchial asthma.

Plate IX.—A case of similar character, but infinitely more severe. Asthma was very acute, often cyanosing the patient. The right ventricle shows extreme dilatation. Marked improvement occurred during the course in December, 1897 and January, 1898, and it was still more noticeable long after, in June, when the red line was traced.

Plate X. (*a*.) indicates a difference in heart area, between 10 a.m. and 2 p.m., which is very suggestive.

The case was "gouty" with inter-current attacks of bronchitis and asthma. (*b*.) Shews the improved heart relapsed under the strain of an acute attack, from which, however, it very fairly recovered.

Plate XI.—An ordinary dilatation in a man of the sixties, who had followed a laborious sedentary occupation with much mental strain. There was arteriosclerosis, and the symptom which troubled him was vertigo on rising. As this depended on the cardiac debility it got thoroughly better. The treatment took place in December, 1896, and January, 1897. After the fifth bath the heart had retired to within the nipple line. The date of the last tracing was April 2nd, and in the next June the cardiac area was quite as satisfactory.

Plate XII. (*a*.) represents a gouty plethoric heart, well dilated, and enlarged with surrounding fat. Insomnia was the chief trouble, and this was cured by the first course in the autumn of 1897. In the following spring a severe effort caused a sudden dilatation, which yielded again happily to a second course: the enlargement affected on that occasion both ventricles, the right one bulging towards its nipple, and the left one (with marked pain) half way along the upper border between the apex and the root of the large vessels (*b*).

Plate XIII. shews an extreme case of fatty and degenerating heart in a very large, stout man. The area could not be made out by the ordinary methods of percussion, and, as a matter of fact, the case had been over-looked as to its dangerous condition some weeks before he came to Bournemouth. He took a course of baths with excellent effect under the care of Dr. Bertram Nankivell, from May to July, 1897. On his return in the autumn of 1898 it was evident that severe retrogression had set in, as evidenced by the blue line on the chart. No response was made by the heart during the attempted second course, and it became all too clear that fatty degeneration had so altered the muscle that it would no longer answer to the stimulus of the bath. With regret the course was stopped, and the patient sank from his disease some time after.

Plate XIV. represents an interesting case of senile heart in advanced years with considerable atheroma, but no valvular defect. Vertigo, etc., and œdema of the feet had been present for some time. Contrary almost

to expectation, as "Widerstand" exercises had failed to be of service, the baths answered well, as the chart indicates. The lower-sketch (*b*,) shews the condition last year, after the third course, and the improvement has been very tolerably permanent.

Plate XV. has been already explained when I referred to the exercise section.

I conclude by suggesting that the "Schott" movements and the "Nauheim" course should be tried in all cases where there is a myocardium that will respond to them; excepting always cases complicated with aneurism or with severe angina, or that fall under the first two divisions, which require rest completely, or nearly so.

But when a heart does not respond *at all* to the call made on it by the first six or nine baths, I believe that it is then safer and wiser to desist from this treatment, though practically such a course compels us, for the rest of the patient's life, to the more or less hopeless task of mitigating symptoms, as best we may.

DISCUSSION.

The Vice-president said he was sure they might congratulate Dr. Nankivell and themselves on the excellent paper they had heard read; to his mind it was the ideal of what a Congress paper should be. (Applause.) As the members knew, Dr. Nankivell would welcome a discussion on any points that might appeal to them. He did not propose to occupy much of their time, but he had been greatly interested in hearing the list of apparently trivial symptoms. He had fought against house-maid's knee—(Laughter)—and he knew he had a debilitated heart, and was glad to know that if his diagram should be one of those fearsome things which could be registered by the simple means just explained to the meeting, it could be soon cured by the drugs Dr. Nankivell had brought to their notice. Perhaps they ought not to be so startled as they were at seeing that a simple ride on a bicycle some thirty miles would so perceptibly dilate the heart to the extent shown on the diagram, when they thought of the enormous work which had to be done by the heart in the course of a day. There was no doubt the heart did show some result at the end of the day of the enormous work it had performed, and that being so, it was important that a recumbent position should be assumed at night. He was

remininded of a case which made a greater impression upon him than it would had he heard the paper before it arose. A young lady, whose heart he knew well (it was a normal heart), paid a visit to Scarborough last year, and, with several friends, bicycled a good deal, covering large distances and riding up two or three steep hills. To his surprise, the next time he listened to her heart he heard a loud bruit, and found it was markedly dilated, and that was a great surprise to him. They must all have come across such cases in which patients living a sedentary life who may have gone on a short holiday, say for a fortnight or so, and by over-exercise—mountain climbing, bicycling and in other ways—had caused dilatation. He was especially interested in the manner in which Dr. Nankivell made those diagrams with the phonendoscope. The map of the heart obtained by ordinary percussion was a deceptive method, and he had long learned the value of the phonendoscope. He did not think Dr. Nankivell had made any mention among the medicines of iodide of arsenic, which he (the speaker) considered his best remedy in those cases, in which it was his favourite drug. [It was Dr. Nankivell who first brought the value of arsenicum iodidum to the notice of the profession.—*Eds. M. H. R.*] He thought the symptoms and condition of the tobacco-heart were deserving of their observation, and he would like to know from Dr. Nankivell—if he made any further remarks—whether he considered it produced a dilated heart, a disordered nerve state only, or a weak action of the heart. Personally, he had less frequently come across a tobacco-heart than a heart debilitated by over-exercise.

Dr. Dyce Brown joined with the chairman in expressing their obligation to Dr. Nankivell for his extremely able paper. It was full and clear, and drawn from life, as anyone could see, and that was the great charm of a paper. Many of the diagrams were exceedingly graphic and, as they all knew, were typical of cases they had seen. Indeed, there was so much in the paper that one agreed with, that little room was left for criticism. In Dr. Nankivell's notice of the effects on the heart of over-exercise—bicycling and other things, over-exercise generally—he had marked the extreme dilatation which took place. To his mind there was far too much stress laid upon athletics for boys and young men. It was supposed to be a good thing for boys to go in for athletics; they were bound to do so at public schools, but it should not be done unless they had a medical certificate as to their fitness for the exercise. They might go through it for a time, but in the end they would be bound to give it up; there would be a reaction, and in the meantime they would have done themselves a great deal of harm. Speaking of remedies, Dr. Dyce Brown said there was one recent remedy,

Cratægus, which Dr. Nankivell had not mentioned. He had not made much use of it, but in the cases where he had employed it the results had been most satisfactory. He mentioned a case of a lady of seventy, of a nervous temperament, who had, from various causes, got into a weak state. Her heart had been examined some time before, and was healthy. At this time Dr. Brown found a loud aortic as well as a mitral bruit, and the heart was markedly dilated, the apex beating considerably outside the normal line. Under Cratægus, in a fortnight's time there was a marked improvement in the symptoms, and the bruits were less distinct. A month more of the medicine completely removed all the distressing symptoms; the bruits were practically gone, and the heart had regained its normal size and position. He thought the remedy was one which required study and observation. From what he had seen he judged that the use of it would prove it to be a valuable remedy in cases of debility of the heart.

Dr. Madden said he would also like to add his thanks to those already expressed to Dr. Nankivell for the really first-rate paper. They had listened to a paper which was most practical and was likely to be of great use to them in daily practice. He would like to say that in his own practice he had been much struck with the increase in the number of cases in which cardiac debility was a marked feature, especially within the last year or two, and he had put it down as being very largely due to the dilatation coming on from attacks of influenza. He thought that was undermining the health of the country more than was generally appreciated. One thing about which he would have liked a fuller explanation was the method of percussion. Dr. Nankivell had told them it was necessary to get the full value of the phonendoscope by applying it under the ribs; it seemed that under the intercostal spaces was too little to give the full outline. For instance, the right side of the heart in most cases was practically entirely covered by the sternum, and it would be rather difficult to get the right outline unless you could rely upon the careful use of percussion on the sternum as well as under the ribs also. With Dr. Dyce Brown, he would also like to call the attention of Dr. Nankivell and others who had not used it, to the extremely useful new medicine in heart cases—Cratægus. He had been much struck with the cases that had been given in the *Review and World* during the last few months, and he had used it with very great success and satisfaction. It came under the class of mother tinctures, and, as such, required to be given in *small* doses. He would like to call the attention of members to a little matter of detail in which they ought to be careful in writing prescriptions. It was the custom to write two, five, or some number of drops to be taken in water. Now,

drops varied, and lately he had been in the habit of telling his chemist if he ordered minims of medicine, they should be so measured. How many drops were equal to a certain number of minims? He had been surprised to find not a single case in which a drop was a minim. In phosphoric acid there were three drops to five minims, and in mother tinctures would be found ten drops to twelve minims, and sometimes a greater difference. It depended partly on the medicine and partly on the neck of the bottle. If we were to have accurate dispensing they all ought to use the same thing and know exactly what they were doing. He would like to suggest that other members should follow his example and tell their chemist to find out exactly the number of drops that they wished the patient to take.

Dr. J. W. Hayward said that, along with Dr. Dyce Brown and other members, he had great pleasure in being able to thank Dr. Nankivell for the paper he had just read to them. It was a very practical and valuable paper, well read and well put together, so that all could understand it, and that was a great point. Of course, there were many diseases of the heart that they were called upon to treat. Foremost among them was cardiac debility, and principally that of the left ventricle, therefore that narrowed down their consideration very considerably. There was not much else to think of but muscular debility. They must, of course, remember that the heart was supplied by vessels, nerves and muscle, and the power of the heart depended on the nervous ganglion in the construction of the heart itself. In the ganglion the nerves were the source of muscular power of the heart, and that, of course, was weakened by many causes. Digestion had a great deal to do with it. When patients were suffering from indigestion and had flatulence and debility the whole muscular system suffered, and more so when the heart was put to extra strain, such as was imposed by the present mode of living. Dr. Nankivell went well into the matter of bicycling, but he (the speaker) would like him to have gone a little further. A great many young people were crazy on bicycling and took great pride in climbing hills. Especially was this the case with the young ladies; he noticed that when a couple of cyclists of diverse sex attacked a hill, it was generally the gentleman who got off his machine first; and in many instances he had seen a young lady struggle to the top of a hill with such an expenditure of force that when she reached the top she was obliged to dismount to recover herself. The damage done by such a practice might be irrevocable, and they should be very firm and peremptory in their instructions with regard to cycling. He bicycled a little himself, but he always walked up-hill and obtained the advantages of the exercise

without the damage so far as he could. Dr. Nankivell had also mentioned a case of muscular debility of the heart. With all due deference to the many who were addicted to the habit of smoking, he would allude to the most weakening effects of tobacco. His son (the Vice-president) had referred to it, and he was glad of that. At the present day tobacco was the source of a great deal of the cardiac debility which was found among patients. With regard to remedies, he did not wish to go over the medicines—they were indicated in the *materia medica*. He was satisfied that percussion should not be forgotten; if they treated their patients with good, steady percussion over the cardiac region he thought they would be doing the best they could. For tonic treatment they could adopt cold baths and sponging, and they might thus do a very great deal of permanent good in the treating of muscular debility of the heart. If people said "We must have a little brandy because the heart is weak," they must protest against it, and must not allow the patients to relieve themselves temporarily with brandy, but give them permanent power by gentle exercise and other means. Steady, quiet hydropathic treatment was good. The Nauheim baths had been mentioned, and careful, local hydropathic treatment was a great power, and they might relieve patients without medicine by gently toning the muscles of the heart and by the gentle use of percussion.

Dr. Murray Moore said he fully endorsed all that had been said about the paper; it was an ideal paper for a Congress, and if it had been the only one given, it would have been worth while coming to hear it. Now he had been informed as to the scale on which the diagrams were drawn, he could see they were of great value and would carry conviction even to the non-medical mind as to the benefit of percussion. The value of medical baths was a matter they should take up. He had a patient, a man of fifty-six years of age, who had for years been troubled with heart disease. He had been to Llangainmarch and undergone the treatment there, and, although it could not be said that there was a complete cure, he had derived decided benefit, and it was very probable that the man's life would be prolonged through the success of the treatment. With regard to cold baths in the morning, the debilitated heart was then in its best condition, and they gave it a shock by going right into cold water. A sponge-down was advisable, but there was nothing like a warm bath of 88° or 90° taken just before going to bed; it would ensure a good night's rest and be beneficial in many ways. He would ask Dr. Nankivell if he did not agree with that. He had studied the tobacco-heart and found it was not always the same. He was himself an occasional smoker, but could not say that he was any the better for it. To that extent

he could endorse Dr. Hayward's remarks. As the surgeon to one of the greatest tobacco factories in the North of England, he had special facilities for studying the effects of tobacco on the heart. There they had girls and young men inhaling the fumes and the dust of tobacco all the day through, and he found that if there was any one medicine in the materia medica which would cope with the effects of tobacco, it was *nux vomica*; in any dilution it was a most effective antidote. Cactus was quite an old-established remedy in various dilutions for dilatations, and *Cratægus* he was delighted to hear mentioned. A few months ago he got a small sample bottle, and he intended to prove it. He was glad to hear two speakers endorse the use of it. At the present time he thought some of the young people ran to excess in athletics, as Dr. Dyce Brown had pointed out, and he thought they should caution school-boy and school-girl patients, and especially schoolmasters, against such excess. There was no uniform rule of exercise for any two boys or girls. He had one question to put—that was, Under what condition of the heart did Dr. Nankivell find that a person turned pale after exertion? and when did a distinct colouring of the face follow instead? He had noticed the latter in various complexions and temperaments. He observed that the paper was confined to muscular diseases of the heart, and that showed what an extremely extensive subject it was.

Dr. Hawkes said, papers of the character Dr. Nankivell had presented to the Congress were calculated to send the members back to their work encouraged and very hopeful for those who consulted them. He would like to express his satisfaction with *cratægus*, which had been mentioned by two or three speakers, and which he had intended asking Dr. Nankivell about. For a tired heart it was a valuable drug, and he was glad to add his testimony as to its value. With reference to tobacco-heart, he had rather a singular case not very long ago: a man who had been growing tobacco all his life—a typical Yankee. They said Yankees never did laugh; and he never saw this one laugh, but he said some very funny things. He asked him if he smoked, and he replied, "Well, yes, I guess I have smoked a bit in my time." "How much have you smoked? have you been a great smoker?" "No, I guess not; I was brought up among it, and I've smoked a tidy bit, perhaps twenty-five or thirty cigars a day." (Laughter.) That would represent part of that number, as he would take up a cigar, smoke it awhile, and throw it away. He asked, "Do you smoke much now?" "No," was his answer, "I don't smoke much out here; I guess I smoke about a dozen cigars a day." (Laughter.) A dozen cigars daily! It was unnecessary to say that that Yankee had marked dyspeptic symptoms, and that showed, as had already been referred

to, that stomach troubles caused altered functions of the heart, and enlargement of the heart was set up through excessive smoking, and a great many troubles no doubt came that way.

The Vice-president said there was a lady member present, a distinguished medical graduate, and they would be pleased to hear her remarks on the paper.

Dr. Octavia Lewin said she had been greatly interested in hearing the paper, but she would rather listen to others discussing it.

Dr. Murray Moore asked leave to put one question. Reference had been made to the athletic heart, and his notice was brought to a case through his son, who, as some of the members knew, was a great athlete and runner. Last spring he was running, and won his first race, but had to run it over again. As a result he took a chill which set up a slight attack of jaundice. He was laid up, and he found great dilatation existed, and the heart was going like a steam engine. Aconite seemed to relieve it; he was kept perfectly quiet in bed for a time, and had since got perfectly right. He had not been running this year, and the speaker wanted to know Dr. Nankivell's opinion on that point.

Dr. Goldsbrough asked for additional information upon the portion of the paper relating to respiration.

Dr. Nankivell thanked the President for the kind words he had used with regard to the paper, and the members of the Congress for the manner in which they had received it. He was very glad to know that it had been of service to them. With regard to the questions, he thought he had better take them backwards. Replying to Dr. Goldsbrough, he would say that if any uneasiness in breathing was produced under exertion, if, in going upstairs, he got out of breath, then it had done him harm; there was no doubt about that. If he could go up five steps without losing breath, and then waited a little while and went another five steps without losing breath, he did himself no harm. Where the harm was done was when he got out of breath. It was the same in cycling; as they knew, one condition ran into another, and anything approaching the condition of dyspnoea should be avoided by the man with a dilated heart, for the heart would be worse after it than ever it was before. Dr. Moore had spoken of his son. Case No. 3, illustrated in his diagrams, was a case of athletic heart, and for eighteen months the patient was able to do nothing but lie on the sofa. He thought that Dr. Moore's son's chill and jaundice were the best things which could have happened for him. He was obliged to lie in bed, had been treated, and had got well, whereas if he had gone on running he would not in all probability have been so well as he was at the present time. A number

of the members of the Congress had spoken of *cratægus*; the fact was, he had forgotten it. He had only used it once or twice, and he was not wonderfully struck with it. There was another medicine, *lycopus*, he had not named, and which he thought Dr. Dyce Brown would have mentioned. With regard to the tobacco-heart, it was a condition of the heart in which the nervous and muscular power were distinctly weakened, and if they listened they would find the rhythm was distinctly altered. He did not think that tobacco would produce dilatation of the heart, but it would bring the heart into that condition in which dilatation was easily produced by anything else. Climbing, or exercise, or other forms of exertion which would have no effect on the healthy heart, had a distinct effect on a tobacco-heart. He did not think that everybody who smoked had a tobacco-heart, but there were cases in which it was found; when a man smoked ten or twelve cigars or pipes a day it would possibly be found. Dr. Hayward had mentioned the effects of indigestion on the heart, and undoubtedly they were very great. It was equally true, and it was more important, that the heart had also a tremendous effect on digestion. He remembered a case in which a young man, about thirty years of age, came to consult him. He complained of indigestion and, *en passant*, spoke of his heart. Something led him (Dr. Nankivell) to listen to the man's heart, and he found it to be very much dilated, and he had not the slightest doubt that the symptoms of indigestion were due to the slow circulation of blood through the circulatory organs. That was a case of dyspepsia arising purely from the dilated condition of the heart. Dr. Murray Moore had asked what a pale face after exertion meant. It meant failure of the heart's action after exercise, and he would consider it very likely that there was some amount of dilatation. Dr. Moore had better find that out. He should certainly think the patient's heart ought to be examined. That was practically an answer to all the questions put to him. He thanked the members for the kind reception they had given to his paper, and would say he was very sorry he left out *cratægus*, and was thankful to find that other people had had a better experience of it than he had. As Dr. Madden was not quite clear as to the percussion of the heart, he would, if anyone would submit his thorax to the phonendoscope, be very pleased to percuss his heart in Dr. Madden's presence. After luncheon, Dr. Charles Hayward responded to this invitation, and Dr. Nankivell drew the diagram of his heart with the aid of the phonendoscope.

GYNÆCO-THERAPEUTICS,¹

By ALFRED E. HAWKES, M.D. (Brux.), &c.

Mr. President and Colleagues,

At the outset I may be allowed to express the hope that no one will object to the title of my paper. So near home it seemed desirable for the sake of decorum to use a term, which, while it would convey an adequate impression to my professional friends, at the same time would avoid any suggestion to others of some phenomenal skill on the part of the writer.

Moreover, I was asked by our Congress Council to write a therapeutical paper, and to say all I could, in the time allotted, from the standpoint of the "medicine-man"—a term applied to us in good humour by a local surgeon of eminence. I accepted the responsibility, but reserved to myself the intention, upon which I have acted, of asking one or two fellow-workers to peruse the paper, and so to come to this meeting aware of its deficiencies and ready as far as time would permit to fill in its *lacunæ*.

One difficulty forced itself upon my attention, viz. this: of late so much has been relegated to the surgeon in this department of our calling, that one might, in all sincerity, question whether anything remained for medicine to do.

But this is not the only sphere in which such questions arise.

I found myself the other day in the midst of a reverie discussing whether, were I ill, I should send for a physician or a surgeon.

This academic exercise was brought to a somewhat abrupt conclusion by the comforting reflection that the friend who last attended me is skilled in both medical and surgical practice.

Were I to follow this idea further and ask you to take part, I can imagine no better illustration than that afforded by appendicitis, brain lesions, and pleurisy. These disorders, to mention no other, demand that they shall be treated by those whose faith in physic has not rendered nugatory their surgical education. But if

¹ Taken as read at the Homœopathic Congress, Liverpool, 19th September, 1901.

challenged, I could only adduce one death from appendicitis since I began practice, and then a distinguished surgeon declined to operate.

I have seen more fatal cases from ruptured pyo-salpinx than from appendicitis, and in one of these two cases a gynæcologist of distinction declined to operate, as a general surgeon had done the day before. But whether these cases are to be treated with the aid of medicines, or early relegated to the surgeon, I submit that no one is entitled to temporize unless with a full knowledge of the course the malady may take; whether the procrastination be due to his own conservatism, or the dread of an operation on the part of the patient. Few could read without a shudder Dr. Burnett's translation of Dr. Baumann's paper on hernia.²

It is fair to add that their state would not be much improved after the perusal of Treves's reference to the mortality of herniotomy.³

Permit me then, to glance at such affections of the uterus, Fallopian tubes, ovaries, bladder and urethra, as are met with in an ordinary out-door clinique like my own, where notes on some 2,600 cases reveal what I have done and what I have left undone in the class of disorders under consideration.

Few will question the interest attaching to the different forms of tubal disease, but at once three sources of difficulty present themselves.

First, the best books give but a scanty subjective symptomatology, and Lawson Tait says,⁴ that a classification of these cysts, based even upon the character of the fluid which they contain, is thoroughly impracticable.

Second, although I first heard the term pyosalpinx from the lips of Dr. Drysdale, the Fallopian tubes are not referred to in the chapter of the *Cypher Repertory* devoted to the female genitals. But the repertory is very valuable herein, notwithstanding.

In *Allen's Repertory* one medicine is said to produce a symptom not up to the present found in the text.

Third. On turning to Dr. Hughes's *Repertory to the*

² *Brit. Journ. of Homœopathy*, vol. xxx. p. 24.

³ *Treves's Surgery*, vol. ii. p. 704.

⁴ *Text-book of Gynaecology*, Wood, p. 748.

Cyclopædia of Drug Pathogenesis, we find reference to the tubes under arsenicum and merc. cor. only, as far as I am aware. In the case of the former the record is, "at p.m. ovaries were found dark-coloured and lining membrane of uterus and Fallopian tubes vascular." And in the pathogenesis⁵ of merc. cor. we find reference to congestion of the uterus and tubes on p.m. examination; and further we note⁶ as having been discovered p.m., "Left Fallopian tube was congested and contained pus."

For a long time I have associated the term burning, so often used by patients, with tubal disease, and on turning long ago to the *Cypher Repertory* I found "burning in right ovary" under eupion. The symptom is not referred to in Allen's index, and the drug itself is excluded from the handbook, and the primer. I have little doubt that its close relationship to kreasote warrants this omission. A careful comparison of these two substances might more than reward the student of *materia medica*.

I am quite prepared to admit that to pick out a symptom from the *Cypher Repertory*, without tracing it to its source, and to synthetically arrange it with the symptom of gushing leucorrhœa also attributed to sepia, would have been unwarrantable if a more fruitful pathogenesis had been available. Moreover, all observers do not admit with Dr. More Madden, that the sudden escape of sanguineous, purulent, or serous fluid from the uterus takes place in these cases.

Pozzi, quoted by Wood,⁷ says that the symptom has been much exaggerated, but he admits that it is sometimes possible to force the contents of a distended tube through the uterus and out *per vaginam* by manual pressure.

It is not disputed, I believe, that the tubal contents escape into the peritoneal cavity and set up recurring attacks of more or less severe peritonitis, but even under such circumstances I have known a distinguished gynecologist enjoin rest and treatment in the case of a young married woman.

⁵ *Cyclopædia*, p. 243.

⁶ Vol. iv. p. 646.

⁷ *Text-book of Gynecology*, Wood, p. 746.

No words of mine will influence the experienced specialist who is reluctant to leave a diagnosed pyo-salpinx, with all its potentialities of evil, *in situ*, when he has obtained the patient's consent for its removal; but the general practitioner with the consent of his consultant, especially if the patient prefers such a course, may be encouraged to try rest, and douching, while administering arsen., merc. cor., or eupion with such other medicines as may be needed. He will find merc. cor. of the greatest service whether the peritoneal condition be due to salpingitis, cellulitis or inoperable malignant disease.

It is quite unnecessary for me to point out the desirability of a careful examination, followed by rest, hot douches and good food, in these cases of actual salpingitis, accompanied by constant watchfulness for the conditions calling for laparotomy.

The remark in *Treves's Surgery*,³ that "the gonococcus will not survive in the peritoneal cavity," and that peritonitis due to pyo-salpinx is probably the outcome of a mixed infection, will not have escaped your notice.

As I have remarked, the recurring slight attacks of peritonitis, due to escape of fluid from the tube into the peritoneal cavity, may be safely left to such medicines as one would use in slight attacks of appendicitis, but I must add that more acute attacks demand the oversight of a surgeon, for the general practitioner who finds at the p.m. that he has temporized with an appendicitis or a pyo-salpinx, is not to be envied. With the addition to merc. cor., and arsen., of lachesis, which no less an authority than Dr. Biggar praises in this condition, I pass to a suggestion hinted at in the *précis* of my paper.

In this country the proving of medicines seems to have come to a stand-still, but I know that many of our men are constantly taking notes, few of which ever see the light. Suppose that, guided by a not very thorough pathogenesis, one or two men should find good clinical results follow the use of a certain drug, why should they not publish the cases as fully as if they were recording actual provings? The actual clinical value of such medicines as liliun, apis, and palladium, might thus be more minutely differentiated, and there are, I think, not many of us but

³ *System of Surgery*, Treves's, vol. ii. p. 611.

would welcome such additions to our resources, provided always—at any rate speaking for myself—a pathogenetic basis formed the ground-work of the selection. For example, long ago I was directed by the *Cypher Repertory* to eupion, derived by distilling wood-tar. The volatile oil separates into a heavier oil, kreasote, and a lighter oil, eupion.

Burning in the right ovary (*Cypher Repertory*) and gushing leucorrhœa (Allen) were not much to build upon, but there is no remedy I use so often in chronic tubal disease, nor is there one with which I am so well satisfied. I do not find the gushing discharge under kreasote, and I am of opinion that in this one regard eupion and kreasote differ. I must now pass from this part of my paper, but before doing so, I would like to ask you who have not tried this remedy to test it clinically.

Dr. Oscar Hansen,⁹ refers to eupion as a remedy for tubercle, leucorrhœa, and as a good remedy for uterine flexions.

Until quite recently I have trusted mainly to the *Cypher Repertory* in dealing with cases manifesting ovarian symptoms.

It would be an interesting task to critically examine—were one competent—the lists of ovarian medicines given respectively by Drs. Drysdale and Stokes, in the *Cypher Repertory*, and by Dr. Hughes in his more recent *Repertory to the Cyclopædia*.

Nothing could better illustrate the searching methods of Dr. Hughes, to whom we are so much indebted, than a glance at the two lists. To say with some iteration that eupion is missing is to say little, but while I am reminding those who work in this region that apis is also wanting, I shall, I venture to say, be causing some surprise in the minds of others who have less occasion for reference to this chapter.

You will not have forgotten Dr. Dyce Brown's study of apis in the *Review*, nor Dr. Pope's¹⁰ paper on the same drug.

In his *Pharmacodynamics*, page 218, Dr. Hughes remarks that "Few medicines cause so many ovarian symptoms."

⁹ *Text-book of Rare Homœopathic Remedies*, p. 46.

¹⁰ *Homœopathic Review*, 1895.

I find no reference to the ovary in the text of the *Cyclopædia* under *apis*, save on page 315—8b, and there the prover is spoken of as having ovarian tumours. The fruitful symptom "great pain and tenderness in enlarged ovaries" one finds on page 86 of the *Cypher Repertory* has no place in the *Cyclopædia*, and no wonder when we turn to S. 528 in *Allen's Encyclopædia*.

Then are the cases of tender ovary which have benefited so much under the administration of *apis* to be forgotten even as clinical entities?

I call to mind three cases, each, as it happens, under the care of colleagues who asked me to see them. In two the tender, enlarged ovary could be easily palpated, and under *apis* 3, and careful management the most signal benefit accrued. These two cases occurred in young unmarried women, but the symptoms were so urgent that an examination was necessary.

A third instance occurred in the case of a married woman, whose large, tender, prolapsed ovary was greatly relieved by *apis*, although *hamamelis* helped the co-existing metrorrhagia better than *apis*, notwithstanding S. 522 (Allen).

The obstetricians present may not have noticed under poisonings¹¹ (4,) the convulsive capabilities of *apis*, but the treatment of puerperal convulsions and the prevention of abortion, although *apis* is to be thought of, are not within the scope of this paper.

What, then, must be our attitude towards this valuable medicine? Some of us, led by the will-o'-the-wisp of a false pathogenesis, will continue to use it in disease. The stickler for purity, in its pathogenetic sense, will perhaps use it less—I use the epithet as a term of respect—but we shall all, I trust, some day find that, when properly proved, our remedy will commend itself afresh, and that all of our way of thinking, and perhaps some others, will recognize in it a valuable help.

I am on surer ground when I refer you to *bryonia*, the very characteristic symptom of which "In region of right ovary severe pain, as if part were torn or wrenched, extending to the thigh," is given with much fulness in both repertories.

We miss graphites from the *Cyclopædia Repertory*, but

¹¹ *Cyclopædia*, p. 318.

we do not forget Dr. Dudgeon's case,¹² and I am giving the drug just now in a similar condition of indurated and tender ovary.

Although warned against looking upon any drug as a favourite (by Hahnemann himself, I believe,) I wish to point out the great value of *lilium tigrinum*. This medicine occupies a prominent place in both repertories, and nothing could be more praiseworthy than the courage manifested by lady provers, graduates or medical students, who subjected themselves to its influence.

That Dr. Dunham reported one of these provings still further enhances the value of these observations.

We are not concerned at present with the undoubted cases of anteversion produced by the drug, but few can fully realise how well established that occurrence was without reading the *Cyclopædia* in detail. Tenderness when pressure was applied in the ovarian region; aching and burning like coals of fire; burning across the hypogastrium; these are symptoms that have been most helpful. The extension of pain down the thigh reminds one of *bryonia* and *crocus*. The pain across from one ovary to the other of *apis*. The sacral pain is simulated by that of *berberis*, if we can accept the statement on page 577 of the *Cyclopædia*. It may not be out of place to refer to the classic symptom of *sepia*, viz. prolapsus, and to compare *lilium* herein. The power of *helonias* to antidote *lilium* when the dragging became intolerable in the case of the provers, is not to be lost sight of.

I cannot call to mind where Dr. A. C. Clifton directed attention to morning diarrhœa in connection with pelvic trouble, but the symptom on page 138 of the *Cyclopædia*, line 10, "aggravation at night and diarrhœa in morning, then despondency and mental depression," should assist us if *apis*, and I would add *kali bichrom.*, fail.

I may be overstating the case for *lilium*; you may share the feeling expressed by Dr. Hughes, which is one of disappointment with the drug as a remedy. I am sure you will set me right, but I hope you will not deprive me of my confidence in this medicine.

As to *naja*—for neither *crotalus* nor *lachesis* is mentioned—whose symptom "a violent crampy pain in the

¹² *Brit. Journ. of Homœopathy*, vol. xxxi. p. 183.

region of the left ovary" is given with much accuracy in both repertories, I know little clinically in the sphere under consideration. It is ushered into your notice, not for the first time I am sure, by no less weighty attendants than Drs. Holcombe,¹³ and Ludlam,¹⁴ one of whom acts as sponsor for its pathogenesis, and the other for its use as a remedy for ovarialgia with cardiac concomitants. Ought I to mention palladium, one of the small type medicines of the *Cyclopædia*? It has no ovarian pathogenesis, and is consequently not mentioned in the *Repertory* in connection with this kind of disorder. Dr. Skinner drew my attention to it, with much subsequent profit to an in-patient, whose painful right ovary was more than relieved by its use. It may be compared with bryonia and lilium as to the pains—pathogenetic in their case—extending down the thigh. Belladonna is not referred to in Dr. Hughes's *Repertory*, but the *Cypher* gives "periodical pain in left ovary," and you are not unfamiliar with Dr. Ludlam's indications for atropine 3 in his lectures, "incidental paroxysms of acute pain in either ovary."

Platinum does not appear in Dr. Hughes's *Repertory*, but it does in the *Cypher*, but fancy our revered friends admitting a symptom following one dose of the 200th dilution! It would seem that it must go as an ovarian medicine, but I am sure you will retain it in certain forms of metrorrhagia, whether your patient be a haughty dame or a humble seeker after health.

This is hardly the occasion on which to mention the ovarian symptoms of hysteria referred to by Bastian,¹⁵ who in turn dwells upon Charcot's views. I have found zinc val., as recommended by Ludlam on page 168 of his first edition, of great use.

I have spent so much time, both yours and mine, over other portions of this paper, that I can only briefly refer to the subject of fibroids. I am putting one or two problems before the gynæcologists present, in a clinical form, and I hope to return to the subject soon. I am showing them a patient, Mrs. W., æt. 66, who ceased to menstruate at 48. She had free hæmorrhage for six

¹³ *Cyclopædia*, p. 336.

¹⁴ *Diseases of Women*, p. 169.

¹⁵ *Paralysis from Brain Disease*, 1875, pp. 30-33.

years. She bore a child when 27, but not since. Being the subject of fibroid, she needed crocus and china for a long time, but she passed well through the ordeal, much as one gathers that patients should do if near the menopause.

I am also drawing their attention to a case where there has been no hæmorrhage; much the reverse, where the nervous symptoms associated with exophthalmic goitre co-exist, and where lachesis has helped the great tightness complained of from the size of the tumour. She declined all suggestions as to operative interference.

I am also asking them to see a case associated with hæmorrhage, where crocus and other remedies have been useful, but where, the patient being only 40, the question of operation must be seriously considered.

As to the endometritis associated with fibroids, my experience of curetting is too limited for me to pronounce upon that expedient, but I think well of it. Crocus serves me better than any other hæmostatic. I have recently turned a symptom of hyos. to good account in the case of a woman who complained of a feeling as if something were moving in her inside. She had no hæmorrhage, but the association of this particular concomitant with crocus has never been helpful in my experience. I wish we could dismiss fibroids thus summarily in practice, but I have no alternative just now.

In an inquiry as to the action of the various drugs on the uterus, the different forms of leucorrhœa fall to be considered. The subject of metritis generally would occupy too much time, and we may dismiss the subject by referring to Sir James Simpson's classical term "subinvolution."

Dr. Barbour, in the *System of Gynecology*, refers to Sir James's views, and he there says that "the pathological facts, so far as we know them, are, that the lesion consists in an increased formation of connective tissue in the uterus, and that the most favourable circumstances for its development occur during the puerperium." Can we do more than those who empty the uterus—enjoin rest, use douches and administer ergot?

A reference to the *Repertory of the Cyclopædia*, gives a good idea of the extent of our resources here. Acon., aloë, canth., cham., coccul., ignat., lil., nux, plat., puls.,

rhús, ruta, sab., sec. and vib. demand a much closer study than can be attempted here.

We have now to direct our attention to the endometrium and the cervix, and the type of disorder we have in view is chronic endometritis. "Here," says Barbour, "we have the symptom of chronic metritis, with, in addition, increased discharge either of blood at the menstrual period, or of leucorrhœa in the intervals." We have to bear in mind that the "normal secretion from the cervical canal is clear and viscid, resembling unboiled white of egg, and that it is alkaline in reaction" (Barbour). It may be purulent or contain blood.

The secretion from the body of the uterus is less viscid, often milky, but it may be muco-purulent.

Taking the two repertories, as before, I may arrange the medicines in two groups, as follows:—

(a,) Leucorrhœal discharge probably from the body of the uterus.

(b,) From the cervix.

Body.—Aurum, chinin., copaib., fer., fer. iod., lil., mag., merc., murex, sab., sil.

Cervix.—Am. mur., arsen., bov., kali-bich., mezer.

It is impossible now to mention even all the leucorrhœa medicines. I proceed to refer to the pathogenesis of the following:—

Aurum met. produced redness and swelling of the labia; heat, smarting and pricking at vulva and in vagina; white thick leucorrhœa; delayed period.

Aurum mur., redness and swelling of labia, continual oozing at vulva, yellow and clear leucorrhœa. Further, under aur. mur. we note that the leucorrhœa after ceasing returned again and lasted four days; it was very acrid, made the thighs sore, and this was accompanied by itching in the genitals. It would be difficult in a few words to give a better description of certain forms of vulvitis. It will be interesting to ascertain if any have added this indication to the drug, which has been used so much in indurated conditions of the uterus.

Passing over chininum—leucorrhœa becoming sanguineous—with which murex may be compared, we come to copaiba, with its pressure on the uterus, as if prolapse would occur, accompanied by milky, acrid leucorrhœa, excoriating the vulva.

Ferrum. The Hahnemannian symptom "like milky

water, acrid," is exactly reproduced in the *Cyclopædia Repertory*.

The next symptom indexed, indicates cervical involvement. Ferr. iod. also would seem to act on the cervix especially, and is to be thought of where stringy, starchy leucorrhœa occurs.

Lilium. Perhaps enough has been said about this drug, but its power to produce acrid brown staining, as well as light yellow discharge, will not be lost sight of by those who seek to test its power.

Magnes. The use of this drug is hardly so much a matter of pathogenesis as predilection, but "Ng." means more to some than others; of course, I speak of its uterine action.

Mercur. Once again the indications for the use of this substance are given in a word or two. "Greenish, acrid, purulent," in Dr. Hughes's *Repertory*, and for the purposes of rapid prescribing the *Repertory* here tells us nearly as much as the text.

Murex comes next. I have an increasing regard for this drug, and the wording of the *Repertory*—"an existing leucorrhœa becomes sanguineous"—gives a clear view of its pathogenesis herein. The symptoms or sabina in this group are relegated to the vagina, but the character of the discharge would suggest a uterine origin. To those who favour the drug the indication milky leucorrhœa, with itching, will help.

Silica. The characteristics of this remedy, as given in the *Repertory*, are scanty enough, as they are in the text, but I would commend to you its use and praise its capabilities. It is helpful, in the usual dilution, in that form of leucorrhœa met in women long past the menopause. It is characterised by a thin, watery, irritating discharge. It was of signal service in the cases of two old ladies, who were much inconvenienced by this disagreeable condition. I am unable to say if these cases were instances of the saprophytic endometritis, due to a combination of cocci and bacilli, as described by Winckel,¹⁶ but, as far as I remember, silica was the only drug which influenced them.

Ammon. mur. The reference in the *Cyclopædia Repertory* is to the chronic diseases, and in a word the

¹⁶ Allbutt and Playfair, p. 206.

character of the leucorrhœa is given without the concomitant or condition, viz., "after previous pinching round the navel, and after every discharge of urine." I have no clinical verifications, but the drug shall have more respect paid to it by me.

We are directed by the *Materia Medica Pura* to arsen., symptom 490, where a more or less profound endometritis was obviously produced, and on page 503, vol. iv., of the *Cyclopædia*, the record of a viscid leucorrhœa produced in a young woman of twenty-two, points to its action on the cervix. I need hardly say how frequently arsen. is required in cases of this description. Dr. Barbour informs us that Sir James Simpson recommended arsen., believing that it acted beneficially on the cervix as it does on skin eruptions.

We thus see that the clinical use to which it is put by both schools, is in full accord with its pathogenetic effects.

Bovista. One of my early preceptors taught me to use bovista, but not in the class of cases under consideration. The *Repertory* gives almost the entire symptom.

Kali bichrom. "Yellow, tenacious, acrid," gives a good idea of the words of the text, but the concomitant pain and weakness across the small of the back, and dull, heavy pains in the hypogastrium are not indicated. You will at once compare this symptom with that of ferrum iod. Strange to say, these symptoms of kali bich. do not appear in the *Cypher Repertory*, hitherto to my discomfort, for every one seemed to give the indication for the drug herein, except the observer who knew most about it.

Mezereum. Albuminous leucorrhœa. This is a Hahnemannian symptom, but I have not used the drug in this condition.

In thus running over the most obvious medicines acting on the lining membrane of the body, and the cervix of the uterus, I trust I have done some good. I have, at least, stored up material for my own use in the future, and if clinical success follows its employment, my colleagues shall be the first to hear of it.

I must ask my friends who trust exclusively to medicines, to bear in mind, as doubtless they already do, that their method is in constant competition with the curette, which will sometimes accomplish in a few

seconds, and even without an anæsthetic, more than can be done by months of symptomatic treatment. Shall we not resolve, by working more and more at the *materia medica*, to do all that in us lies to remove this opprobrium, if it be one?

I am compelled to curtail my remarks on chronic cervical catarrh with its sympathetic pain in the sacral region. You are all familiar with "the red granular surface round the os externum, which bleeds easily." The pathological evolution of this disorder is one of the most interesting that can come under our notice.

It is no longer spoken of as an ulceration, and its treatment has been modified accordingly. At times the diseased glands have to be destroyed "by causticæ, the curette or the knife."¹⁷ But change of air, a careful dietary, rest and baths play an important part. The symptomatic treatment has to be directed towards the amelioration of the cervical catarrh. The increased secreting surface, granular in structure, leads to increase of leucorrhœal discharge. How often this is associated with laceration, manipulation with the *tenacula* teaches. Speaking for myself, the application of glycerine, carbolised or calendulated, and the use of the douche, to which occasionally a little tincture of iodine is added, suffice. I must refer you to page A. 85 in the *Cypher*, where you are directed to *alumen*, *canth.*, *sepia*, *hydrocotyle* and *vespa*. I find that we are indebted to Dr. Edward Blake for the medicine last named in this connection.

As to *hydrocotyle*; I used it long ago for the pains of cervical cancer, where the morphia, which we have no right to withhold, when we cannot find a substitute, was often hereby dispensed with.

The symptom "redness of cervix of uterus disappearing on leaving off medicine, returning on its resumption," is rendering me much aid. No one here would continue giving it until he had satisfied himself, as far as he could, that he was not treating a case of cancer suitable for operation; a not unlikely thing to happen, at least, in the case of some of us.

Idiopathic metrorrhagia. From time to time cases of unusually prolonged loss, in connection with the onset of

¹⁷ *Allbutt and Playfair*, p. 196.

the catamenial flux, come under our notice. I have reported one such case where a young girl, aged 16, was successfully treated with ergot. She also at the same time suffered from purpura, which also yielded to the same medicinal influence.¹⁸ Another case in a very young girl, caused me a good deal of anxiety, and I briefly report it. Other members of the family suffered from metrorrhagia. At the age of 13 the catamenia commenced. At first, the function was normal, but on the second occasion it was accompanied by pulmonary catarrh, and was excessive in duration and quantity, lasting a full week. The next time it was the same, remedies having no effect.

Thus it continued for some months, till, on one occasion, the patient was under treatment from July 11th until late in September. There was hardly any cessation, but an exacerbation, so to speak, occurred as a new period became due. The case was so distressing that I got an expert friend to examine her under chloroform, with, however, a negative result. No medicine was of the slightest use, and I used in addition to millefol., sec., sab., ham., crocus, a low trituration of gallic acid. At this time a lady graduate from the other side, was seeing a little of my hospital work, and she suggested trillium. I at once saw the reasonableness of the suggestion, and administered it, with complete and lasting success. The first decimal, and first centesimal dilutions seemed to act well. In the little emergency, ordinary works of reference did not help me; the best help came from *Ludlam's Lectures*, but I owe the successful issue to my American colleague, and to a remedy, which, while it remains unproved in the healthy, can find no place in the *Cyclopædia*.

Dysmenorrhœa resolves itself into the pathogenesis of viburnum op., as far as medicines and I are concerned. I have clinical references, too incomplete for presentation, and this part of the *précis* must be deleted *sine die*.

Viburnum has been my sheet anchor, not less homœopathic because in one case there were adhesions to a marked extent. The pain was quite cured.

Referring to the urethra, I may say that I do not

¹⁸ *London Hom. Hospital Reports*, vol. iii., p. 155.

remember ever having influenced the condition accompanying urethral caruncle with medicine; still less have I ever removed one of these growths by means of a drug administered internally, but I have never given eucalyptus globulus. There is, however, a condition of the meatus, which may be described as an ectropion, which causes much discomfort, in the treatment of which I commend capsicum to your notice. The urethral symptoms of capsicum are well marked. There is often a super-added irritation round about the meatus, and here I find it necessary to use calendulated boracic acid as a dry dust, such as doubtless some of you use in certain forms of otorrhœa. I owe the hint, as regards the ear, to the *N. A. J. H.* I cannot say that capsicum acts quite as well on the meatus urinarius as it does on the mastoid cells. We owe both uses to the *Materia Medica Pura*.

Skene describes this condition, and he most carefully differentiates inflammation of the glands of the female urethra, from caruncle, or papilloma of the meatus. He speaks of catarrhal inflammation as well as gonorrhœal. His description of "eversion of the lower portion of the urethra," is well worth reading. He gives an excellent plate showing the surrounding inflammation due to discharge from the urethral glands.¹⁹

I need hardly remind anyone of the frequency with which, in a gynæcological clinique, the practitioner meets with certain forms of dysuria. The causes must not be dwelt upon, but apis, canth., copaiba, eupator., purp., merc. cor. and ruta are constantly required. As to apis, the urinary symptoms are well known. Perhaps, burning in the urethra, before and after, is characteristic, but I have found apis not less useful in that form of spasm of the bladder, so well indicated in *S. 125, Mat. Med. Pura*, in the proving of ruta—"Pressure in the region of the neck of the bladder, like a painful closure of it, shortly after urinating." Of course, I also use ruta for this condition, when the above quoted symptom is present, but apis is not to be forgotten if ruta should not act. To recapitulate: painful closure of the neck of the bladder region, after urination—pathogenetic and curative—ruta; curative and suggestively pathogenetic—apis.

¹⁹ Skene. *Diseases of Women*, p. 881.

Copaiba is useful, and can hardly be differentiated from canth. Urging to urinate after urination, is a marked characteristic of this drug also. Canth. need only be mentioned. Cutting, smarting pain, with scanty micturition, may be said to be characteristic.

Eupatorium purp. is also valuable, but, here again, the symptoms are so similar to those produced by the drugs already mentioned, that only detailed clinical cases can determine the precise circumstances under which each is to be used.

Merc. cor. is not to be forgotten, and in one case it was not less useful because albuminuria co-existed with the bladder irritation. Other remedies may occur to you, such as bell., ferr.; etc., but these have generally sufficed—and this paper is rather an expression of clinical experience, than of theoretical suggestion—and you will be all the while asking yourselves, wherein what I have been saying, differs from the dicta of Dr. Hughes and others, given to us long ago.

Postscript.—To summarise in a word:—I have laid my views and difficulties thus before my colleagues; some may seem fanciful others may appeal to those who work as I do, i.e., with *Repertory* and *Mat. Med.* at hand.

As no discussion was possible, the paper having been “taken as read,” my Liverpool colleagues have kindly consented to discuss it at one of their meetings.

APOMORPHIA IN A CASE OF VOMITING, AFTER CEREBRAL CONCUSSION.

By ALEXANDER H. CROUCHER, M.D. Ed., F.R.C.S. Ed.

APOMORPHIA is a derivative of morphine, obtained by heating it with an excess of hydrochloric acid and without access of air; hydrochlorate of apomorphia is produced. It causes and cures vomiting, but the vomiting it cures is a reflex vomiting, usually from the brain. If injected hypodermically, apomorphia produces vomiting long before it can have any local action on the stomach.

It is used homœopathically in vomiting of cerebral

origin, and also in sea-sickness; in the old school it is used as an emetic and expectorant.

On August 12th, at 10.45 a.m., I was called to see Charles T. S., æt. 4½; the history was, that he was walking backwards pulling a toy engine, and fell down a trap-door into a cellar about twelve feet in depth; some men in the cellar went to his assistance and found him unconscious, the time was about 10 a.m., he remained unconscious for about ten minutes; on regaining consciousness he was carried to his home close by.

On examining him at 10.45 a.m., he was quite conscious, no bones were broken, but there were bruises over the left malar bone, and temporal region, and over the left hip. The patient was kept quiet in bed in a dark room, and fed on liquid food, and arnica was given internally. He slept during the morning. On visiting him on August 13th, I found that he commenced vomiting the previous afternoon, had kept on doing so at intervals all night, and was still doing so at the time of my visit, which was about 10.30 a.m.; the little fellow cried and complained of his head hurting him.

About five grains of apomorph. 3x were put into a tumbler of water, and the mother was directed to give a dessertspoonful every hour.

In the evening the mother informed me that the patient had slept all the day and there had been no return of vomiting after the first dose. The further progress of the patient was quite satisfactory.

EASTBOURNE.

REVIEWS.

Index to Homœopathic Proving. By THOMAS LINDSLEY BRADFORD, M.D. Philadelphia: Boericke & Tafel, 1901, pp. 305. \$2.

DR. BRADFORD has increased the debt which his generation owed him for his *Homœopathic Bibliography* by the production of this *Index*. The mass of drug-provings may perhaps be quite as large as is necessary: perhaps, indeed, it contains much which the world has shown a readiness to "let die." A good deal of what has been written might, in the view of many not unreasonable people, be substituted by provings of quite another nature. But an index which will guide the student to all known

proving of a drug at first hand is a desideratum more keenly felt than the dubious want supplied by many a hand-book or compendium of "essentials."

In the nature of things, Dr. Bradford's book is one which few will find it necessary to read from cover to cover; but the man who wishes to get up all that is known concerning a drug will find it a great saving of labour and will bless the author for it. We wish that the output of provings in the immediate future may make a new edition of the *Index* necessary at no distant date.

Regional Leaders. By E. B. NASH, M.D. Philadelphia : Boericke & Tafel, 1901, pp. 282. \$1.50.

READERS of Dr. Nash's two previous works, *Leaders in Homœopathic Therapeutics*, and *Leaders in Typhoid*, need no information that he is a thorough-going champion of strict homœopathy, and the present volume will add to their conviction on this point.

The work under notice might at first sight (but unjustly) appear to lie open to judgment as a mere *réchauffée* of detached symptoms; but a very short study of it is a sufficient defence. Its reason for existence is sound, and a brief experience of its methods will either cheer or humiliate the student. It gives symptoms under regions of the body, the pathogenetic agent being in the margin. The book is accompanied by a neat aluminium book-marker, innocent enough in appearance. This book-marker being just equal in size to the margin of each page, is a convenient instrument for momentarily concealing its contents. Taking page 55, at random, we come on the following symptom; "Eyes injected, protruding, look wild, pupil dilated, objects dance before them with every pulsation." The removal of the aluminium strip reveals "glonoin" as the drug which will cause such a condition, and a moment's thought explains how it will do so. But the problem in "similarity" is set just as it might be by the observation and statement of a patient in the consulting-room. Was the correct drug suggested to the mind before its printed name was seen? "I believe," says Dr. Nash, in his preface, "that if no student should be permitted to pass out of our colleges without passing at least a ninety per cent. examination on these leading symptoms, that the cause of pure homœopathy would be greatly advanced, and that our art of prescribing, which is the only thing that makes us distinctive as a school of medicine, would be rapidly and immeasurably improved." 'Tis a hard saying, all the harder because it has truth in it.

We believe that in general medical education, in all that contributes toward correctness in the diagnosis of disease and toward the recognition of the pathological condition underlying the disease, this generation attains a standard commensurate with the pains which have furthered medical progress in our time. Can we, on the other hand, claim that in "the only thing that makes us distinctive as a school of medicine," the diagnosis of the remedy, we have advanced in precision as compared with our predecessors? It is a serious question, and Dr. Nash's book-marker will shrewdly help every earnest enquirer to the answer.

Electricity in Medicine and Surgery, including the X-ray.

By WILLIAM HARVEY KING, M.D. In two parts; with a section on Electro-physiology by W. Y. COWL, M.D., of Berlin; and a section on the Bottini Operation by ALBERT FRENDEBERG, M.D., Berlin. New York: Boericke & Runyon Co., 1901.

ELECTRICITY in medicine and surgery has so much developed in recent years, and has become such an important department in the treatment of numerous diseases, that it becomes almost impossible for a physician or surgeon to do full justice to it in practice unless he devotes himself specially to it. Hence it is important for everyone who makes this his speciality to have a full and complete knowledge of the subject, and to have a work at hand which enters into the whole field of electricity as a remedial agent. But though a practitioner may not be able to practise electrical treatment as a separate branch, he may be able to do much for his patient if he has a reliable, clear and full exposition of the subject in book form. And such we have in Dr. King's work. Dr. King has ample means of experience, as he is Professor of Electro-therapeutics in the New York Homœopathic Medical College and Hospital, and holds the same post in the New York Medical College and Hospital for Women, besides other important electrical appointments. He evidently speaks from personal observation and practice, and the result is that we have the most complete work on the subject of medical and surgical electricity that we have seen. The first section, on Electro-physics, gives a clear and full account of the electrical currents and the instruments required to be used, and it forms an excellent introduction to anyone who wishes to get a knowledge of electricity. The second section, on the X-rays, is also very complete in its account of them, and the instruments required, with their mode of use and the diagnostic value of them. The third section is on Motor points—a chapter of great value in guiding the operator to

the points on which to apply the currents. The diagrams and illustrations here are admirable and clear, and we may here say that the whole work is profusely illustrated by admirable woodcuts, which help to make all the letterpress so clear. The fourth section, on Electro-diagnosis, is very full and valuable. The first half of section five, on Organic Electrology, is written by Dr. Cowl, of Berlin, and is an admirable essay; while the second half, on Electrolysis, is written by Dr. King.

The second part of the book is on Electricity in Medicine and Surgery, or Electro-therapeutics, of which Section I is on general electro-therapeutics and the modes of applying the different forms of current. Section II deals with the uses of electricity in all diseases of the nervous system; section III with gynæcology and obstetrics; section IV with diseases of the alimentary tract; and section V with genito-urinary diseases. Section VI is written by Dr. Albert Frendenberg, of Berlin, on the treatment of hypertrophy of the prostate gland by the galvano-caustic method, after Bottini, and is a very complete monograph on the subject. Section VII is on diseases of the throat and nose; section VIII on diseases of the skin; and section IX on general diseases, and diseases not otherwise classified. It will be seen from this analysis how exhaustive Dr. King's work is. The whole subject is dealt with in a simply perfect and complete manner, and the book is a most valuable contribution to practical medicine. It ought to be in the possession of every physician and surgeon who adopts electrical treatment as a speciality, but we would advise every practitioner who recommends electricity to his patients, or who employs it himself in any degree in his practice, to get Dr. King's book and keep it beside him as a safe and sure guide in selecting the right current and in employing it in the right way to ensure benefit to his cases.

Three Aspects of the late Alfred, Lord Tennyson. By JOHN MURRAY MOORE, M.D., M.R.C.S.E., F.R.G.S., etc. Manchester: Marsden & Co., Ltd., 1901.

It is always delightful to find a professional man having a "hobby," or a pleasure outside of his daily work. It clears and elevates the mind, takes it out of the rut of practice, while it counteracts the effects of professional worries and anxieties. Dr. Murray Moore's hobby is literature. He has already written several excellent books and essays. One of his books, on New Zealand, we reviewed on a former occasion, and were able to speak of it in the highest terms. His literary gifts are so well recognized in Liverpool that he is President of the Literary and Philosophical Society in that city. The present

work consists of three essays which were written for and read to that Society, and he has been well advised in publishing them, as they are too good to be buried in the archives of the society.

The power of a good essayist consists in his having a good, readable style of writing, a thorough knowledge of what he is writing about, and a true sympathy with his subject. These qualifications Dr. Moore has in a high degree. His style of writing is not only good and agreeable, but it is fascinating, and carries one along in spite of oneself, while his intimate knowledge of Tennyson's works is self-evident, and, above all, he is heart and soul in profound sympathy with his hero—our greatest poet of the Victorian age. The three essays are : (1.) On Tennyson as a Poet of Nature ; (2.) As a National Poet ; and (3.) As a Poet of Humanity. In the first one, Dr. Moore points out Tennyson's intimate knowledge of and love for nature in all its varied phases, into which the essayist evidently enters with the keenest personal appreciation, and so feels with the poet, and the quotations he gives are admirably chosen to illustrate his points. The second essay, Tennyson as a National Poet, is the one that we enjoy perhaps the most. Tennyson was a strong Imperialist, and believed firmly in the grand destiny of our race and in its high mission in God's scheme of the world. Dr. Moore also is here in full sympathy with the poet, and carries the reader along in such a delightful, breezy optimism that one feels elevated and ennobled in its perusal as if by a mental tonic. Here again the quotations are most apt in illustration of the high and large ideas of the poet. The third essay is equally interesting and admirable, pointing out the profound sympathy which Tennyson showed through his works for all phases of human life—the highest to the lowest. His scorn of shams, false pride and meanness, and his loving admiration of the finer qualities of humanity in even humble spheres of life are charmingly brought out and illustrated by apt quotations. We congratulate Dr. Moore on having produced such a work, and we heartily recommend our readers to give themselves a real pleasure by getting a copy and reading it. It is capitably got up, and in these days of cheap literature Dr. Moore has been wise in publishing it at the cheap price of only two shillings.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the session 1901-1902 was held at the London Homœopathic Hospital on Thursday, October 3rd,

1901, at 8 o'clock; the President, Dr. George Burford of London, in the chair.

There was a very large attendance of Fellows and Members. After some reference to matters relating to the recent Congress, the President delivered his inaugural address on "Homœopathy: Its Polity and Policy," of which the following is an epitome:—

Prefacing his remarks by an appreciative allusion to his predecessors in the chair, and a tribute to the personality of Hahnemann, "the perpetual President of every Homœopathic Society throughout the world," Dr. Burford proceeded to sketch the evolution of Homœopathy during the century, and applied as a criterion of its right development certain general biological laws.

Some "lessons in statesmanship" were deduced therefrom: (1.) That diversity in development is characteristic of a healthy progress; (2.) That for continuity of development we must preserve continuity of attachment to the common base; (3.) The interdependence of all the members of the organism. Next, a general survey was made of the progress of the century in the healing art, it being outlined that various non-therapeutic curative measures most probably were wider applications of the law of similars, or were influences working on this plane. The "internal redistribution" which had gone on within the area of Homœopathy itself since its delimitation was described, and from the foregoing there was inferred the necessity for a "re-statement" of the homœopathic position relative to the medical knowledge of the age. This re-statement laid under contribution all agencies of proven worth, and may be indicated by one of its conclusions, "All available knowledge is our province." The policy of present-day Homœopathy was then defined on a broad and comprehensive base. Recognizing our "poverty of material resource" as against the almost imperial revenues of the orthodox school, it was suggested that a "Twentieth Century Trust Fund" of at least ten thousand pounds be forthwith inaugurated to provide the means for an extensive propaganda. This should include the education of the laity, the enlightenment of the profession, and the detailed establishment of lectureships, drug-provings, etc., among our own adherents. The annual income from such a Trust Fund would, it was estimated, permanently raise the teaching and research power of Homœopathy to a just level.

The clinical developments of Homœopathy in the form of its hospitals were next discussed. Great emphasis was laid on the internal force exercised by the combined Hospitalate in Homœopathy; this was expressed by the statement "Homœopathy is practically what its hospitals make it." The various

Homœopathic Hospitals were then illustrated and described, and a clear account of the great advantages accruing to local Homœopathy from the establishment of a cottage hospital was given. The chief detriments of the professional life of provincial homœopathic practitioners were stated to be: (1.) Isolation; (2.) Limited homœopathic expansion; and the growing tendency of our younger professional men to settle within easy distance of colleagues and a hospital was pointed out. The former defects, and the contracting area of homœopathic settlements were, it was shown, best met by the further free establishment of cottage hospitals throughout the country. The method by which each hospital might be knit to a Metropolitan (in London, Birmingham or Liverpool) was then formulated.

The great ethical questions of personal adherence to professed Homœopathy, of the necessity for each generation to be a continuous "historical bridge" from the discovery up to the general adoption of the law of similars, and of the necessity laid upon us to advance Homœopathy in our day and generation, irrespective of problematic futures, were next dealt with, and the address closed with a declaration of the pursuit of truth, and truth alone, as our sufficient stimulus to daily work.

The address was listened to throughout with marked attention and interest, and interrupted with frequent bursts of applause. It was felt that Dr. Burford had initiated a movement in connection with the advance of Homœopathy which, if pursued, could not fail to be of the highest value. A hearty vote of thanks was accorded to the President for his address.

At the invitation of the President, an adjournment was then made to the Hotel Russell, where the Society was entertained to a sumptuous supper, and numerous were the congratulations on the success of the evening.

LIVERPOOL BRANCH.

THE opening meeting of the session was held in the Hahnemann Hospital on Thursday, October 10th.

The business of the evening included the presentation by the secretary of the annual report, which showed that as regards membership and average attendance at the meetings the past year had been most successful. The financial statement included in the report was also highly satisfactory. The report concluded with a list of the office bearers elected for the current year, *viz.*: President, Dr. A. F. Hawkes; Vice-president,

Dr. Cash Reed ; Secretary and Treasurer, Dr. James Watson : Representative on Council, Dr. A. E. Hawkes.

Dr. Hawkes, the president elect, before reading his presidential address, exhibited two interesting pathological specimens, one of which, a large ovarian cyst of a malignant type, he had successfully removed from a patient at present in hospital. The clinical history of the case was interesting and instructive, as the patient had been seen some six years previously by a prominent allopathic gynecologist, who pronounced it to be non-malignant in character. Had early removal of the growth been carried out, Dr. Hawkes was of opinion that the subsequent malignant change in the character of the growth would have been averted. The present malignant state of the growth was evident not only clinically, but also on microscopic examination, as the slides shown at the meeting clearly showed.

Dr. Hawkes then read his presidential address, entitled "Auxiliary Remedies." A hearty vote of thanks was accorded to Dr. Hawkes for his paper, and the proceedings terminated.

NOTABILIA.

CEDRON REDISCOVERED.

THE following note from the *Medical Press and Circular* for September 25th, will cause an amused smile to those who are acquainted even slightly with the history of homœopathic drugs.

"*Cedron Seed*.—An official report dealing with Jiminez, Costa Rica, contains an interesting announcement from Dr. S. H. Hodgson, the Government physician stationed at that place. His attention was drawn to the remarkable antitoxic properties possessed by the tincture of "cedron seed." This tincture is in use in certain parts of Central and South America as an antidote for snake bites and for the stings of venomous insects of various kinds. It occurred to Dr. Hodgson to try the effect of cedron seed in the treatment of yellow fever, and after observing the results of its administration in a number of cases, he arrived at the conclusion that it has as specific an action in yellow fever as quinine has in malaria. Every case that was treated with the tincture recovered, and the method of its exhibition was by hypodermic injection of 20 minims three times a day. The immediate improvement that ensued was most noteworthy, the headache was relieved and the nausea subsided, whilst in cases in which the injections were commenced early the congestive phenomena were very slight.

Considering that these very promising results were obtained by Dr. Hodgson under the most unfavourable circumstances, the report would appear to furnish grounds for believing that the investigation is one worthy of being followed up. The patients were native labourers on the country farms, and they were nursed under the most unfavourable and insanitary surroundings. The only nurses available were dirty, ignorant natives, absolutely devoid of the most elementary ideas of what was required, and the tincture was home-made, by no means guaranteed to be antiseptic, and of very uncertain strength. Any advance in the therapeutical treatment of such a fatal malady as yellow fever is sure to be received with gratitude by those whose duty it is to deal with this insidious foe, and we can only hope that the happy experiences of Dr. Hodgson will be confirmed in the practice of other physicians."

As it happens that this *Review* was largely instrumental, through the pen of the late Dr. J. N. Casanova, in introducing cedron to the notice and use of European physicians, we are in a favourable position to appreciate the startling novelty of Dr. S. H. Hodgson's discovery of that drug and his application of its virtues to the cure of yellow fever.

In some editorial remarks which follow "A letter to Carroll Dunham, M.D., by Francis Goding, M.D., Barbadoes," on the subject of Yellow Fever (*Monthly Homœopathic Review*, vol. iv. (1860) p. 452), this remark occurs: "The *Cedron of Costa Rica*, one of the most powerful vegetable poisons, has been for time immemorial used by the natives as a specific for fevers, especially those of a remittent type. When it is sufficiently proved, it will be probably found a very valuable drug in the treatment of yellow fever."

In the following year, Dr. Casanova¹ contributed to our pages a series of notes and reflections on the nature and action of cedron. He remarks: "That drug was first used by myself and Dr. Passaman in the city of Lima, capital of the Republic of Peru, South America, in the year 1847," and he throws doubt on the identity of *Cedron de Costa Rica* with the *pepitas de cedron* (or cedron pips), the product of a tree, the *arbol de cedron*, "native of that uncivilised region of the meridional continent of America which lies between the Republics of New Granada and the Brazils, where no botanist has as yet penetrated." He prefers, therefore, to characterize cedron as botanically *nondescript*, rather than to risk confusing it with other substances of similar name.

"Hundreds of cases of intermittent fever of different types, have been successfully treated with cedron in different countries

¹ *M.H.R.*, vol. v. 164, 208, 251.

since 1847," says Dr. Casanova. Curiously enough, he even anticipates the hypodermic use of the drug, a thing sufficiently rare at that time, for he says, "I have also instituted a few provings with the concentrated solution of cedron, by introducing a sufficient quantity of it through the skin . . . and such provings have, more or less, corresponded with those made by taking the drug into the stomach."

It is interesting and instructive to note the following in Dr. Goding's letter to Dr. Carroll Dunham. "I cannot refrain from relating, by way of episode, that a highly-esteemed friend and eminent physician of the old school, hearing how this remedy (lachesis) and nitrate of silver had been successful in checking black vomit in the hands of the homœopaths, advised in consultation a trial of lachesis after the failure of the usual remedies. This advice, however, was contemptuously rejected, because, forsooth, the remedy was a homœopathic one. The nitrate of silver was then suggested and assented to, that being in the Pharmacopœia. Doses of $\frac{1}{2}$ grain in distilled water were accordingly given, and the patient's life was saved. This result, I am told, led to the issue of a general order that Her Majesty's troops having black vomit should in future be dosed with nitrate of silver."

The Monthly Homœopathic Review has lived long enough to see the success of naja in *pestis bubonica* discussed by its old friend *The Lancet*. It appears that our drugs have a promising future in tropical diseases (when duly rediscovered by the orthodox). Let us not forget that they have a past also.

THE CARE AND CURE OF SMALLPOX.¹

By H. M. BISHOP, M.D., Los Angeles, Cal.

THE knowledge and ability to cope successfully with disease marks the higher degree of attainment in the medical profession. As Hahnemann wisely said, the first and sole object of the physician is to cure the sick, and while all practitioners are jealous of the shibboleth, "*Cito tute et jucundo*," unfortunately in some of the direst diseases, the therapeutics have been subordinated to the prophylaxis, and the patient has received scant consideration compared with the strenuous exertions put forth to protect the well. In no disease is this more apparent than in the much and universally dreaded smallpox. Let it be rumoured that a case has appeared and a panic seizes the community; the locality is cut off from the

¹ *Pacific Coast Journal of Homœopathy*, September.

rest of the world, and the victim is placed *incommunicado*, often conveyed to a pest-house in very deed, where the neglect, deprivation and cruelty he undergoes is seldom known to the outside world.

At present there are two opinions extant regarding the medicinal treatment of smallpox. That which obtains among the great majority of practitioners may be summed up in the following quotation from a recent contributor to the *Cyclopædia of Medical Sciences*: "There is unquestionably no curative treatment known to medical science for smallpox. The treatment is wholly symptomatic, and must be prescribed with a view of palliating the severity of the symptoms. The idea of a former generation, that medicine could cut short the course of the malady, has very properly been abandoned." In contradistinction to this assertion, Dr. Granger of St. Louis, many years ago, stated that he had employed both variolin and vaccinin extensively as remedies in variola, and with excellent results. He informs us that under the use of them the pustules shrink away before arriving at maturity, and that the severity and duration of the disease is much diminished. Here you have diametrically opposite opinions by earnest physicians of wide experience regarding the curability of the most contagious, loathsome and malignant disease known to humanity. Consider the bearing of the decision of this most vital question on the community, state and nation. If every case of variola vera must run its allotted course with no power to stay the malignancy of its full-fledged development, if a doleful expectancy is all the encouragement that twentieth century medical art and science can afford, no wonder that the cry of smallpox should be panic-breeding, and that its "stamping out" should require so much time, such an expenditure of public money, such a disturbance and stagnation in commerce and travel, to say nought of the mortality. But if, in the searching progress and evolution of the healing art, a reliable remedy has been developed that stands the crucial test of years of repeated trial in controlling, curing, and abbreviating all forms of this terrible disease, and if the continued use of it in the hands of its advocates induces them to grow more sanguine and enthusiastic over its success—so much so that they appeal for opportunities the most decisive to prove and confirm their claims—does it not become a matter of such world-wide interest and over-ruling importance as to rise above school, sect or prejudice of any kind? A positive demonstratable fact must supersede all negative speculations.

Such a remedy does exist! It is VARIOLINUM!!

Variolinum in the incubative stage, when a person has been exposed to the contagion; variolinum in the initial fever,

3 to 5 grains of the third trituration every two hours ; variolinum in the eruptive stage, papular, vesicular or pustular ; and I was about to say variolinum in the stage of secondary or suppurative fever ; but, thank God, if the variolinum is given in the commencement and continued, your patient will be convalescent by the time the suppurative stage is due. I never yet, through considerable experience with the disease in upwards of a quarter of a century, have seen a case whose progress in development was not arrested by the time the variolinum had been given four or five days. The majority of my cases were not seen until the significant eruption had appeared. In several, however, I had the good luck to recognize the disease in its incipency, where the variolinum absolutely prevented any eruption, and where of course it might be argued that I had erred in my diagnosis ; but they were cases where exposure to the disease had occurred, and where in due time the characteristic chill, fever, backache, headache, gastric distress and nausea ensued in such a manner as to impress any one at all familiar with the onset of the disease.

A man called at my office in the chilly stage of fever, having the aspect of one severely ill. He complained bitterly of a distressing ache in the lumbar region, and of great nausea and headache. On inquiry I learned that he was a general sewing-machine agent, and had been introducing his machines in the surrounding manufacturing villages where variola had been prevailing. I felt sure that he was coming down with the disease, and sent him to his room, which was on the top floor of a boarding-house in the centre of the city, opposite the post-office. I prescribed variolinum every two hours, taking a dose myself, and gave such other remedies as the various symptoms indicated. For three days the fever raged. On the evening of the third day a most profuse papular eruption appeared, accompanied with a subsidence of the fever. At this juncture I reported the case to the health officer, a physician of extensive experience in the old school. He visited the patient with me, and after carefully examining the case and feeling the shot-like hardness of the papillæ, so unlike any other eruption, he unhesitatingly pronounced it a severe type of smallpox. The next day he called with me again, and we found the eruption assuming the vesicular form, so that the merest tyro in diagnosis could have named the disease. He then said that he had been fixing up the pest-house, and would be ready on the morrow to take the patient thither. Now it was mid-winter, the ground was covered with melting snow and ice, and the so-called " pest-house " was several miles away, a barn-like structure that could not be made comfortably habitable even for well people. I therefore strongly objected

to the contemplated change, fearing a complication of pneumonia. My protest was over-ruled, and the next morning an improvised ambulance, with helpers, arrived in front of my patient's abode. When the health officer entered the room, the astonished look on his countenance was only equalled by the change that had come over the aspect of my patient, for the eruption on the latter had ceased to develop, and was shrinking away. He was not carried to the pest-house, but in a few days was up and around. This was no case of varicoid, but a most pronounced case of *variola vera*, with the eruption as thick as possible without being confluent, and no symptom lacking to make a complete picture of this formidable disease, up to the fifth day of its development, when it suddenly receded under the use of the variolinum.

In a former paper I cited a confluent case in the wife of a prominent merchant of Norwich, Conn., where the dermal swelling had already closed the eyes and submerged the other facial features when the health officer arrived to inspect the case. He told the husband it was one of the worst forms of the disease, and with an ominous shake of his head prophesied dire occurrences on the ninth day. On the ninth day, however, she was convalescing, had no secondary fever, and no scarring of the face.

In the epidemic that created so much consternation in Los Angeles, two years ago, I was called to see a case decidedly confluent in a child of three years. It was the fifth day of the disease and the second of the eruption, and the little patient was sleeping in the same bed with his mother, who was in the seventh month of pregnancy; moreover, none of the family had ever been vaccinated. The officials of the Health Department who examined the case, tabulated it as among the probable fatal ones, and such a prognosis would naturally be supported by any expert, ignorant of the saving grace of variolinum. The mortality even in *variola vera* in children of such tender years being computed at 90 per cent., and this case, as I have said, was pronouncedly confluent. I, therefore, consider this one of the severest tests of the many cases in which I have used the remedy, with never a disappointment. Remember, the case was an infant, unvaccinated, with confluent smallpox, and that I did not begin with the variolinum until the evening of the fifth day of attack. I was fortunate in having a good reliable, intelligent nurse, who had passed through the disease herself and had nursed many cases. After the remedy had been given four days, she said to me, "Why, Doctor, I never saw a case act like this; the pocks have ceased to develop and he is getting well." Her astonishment was great, for she had told her husband that the patient must die. I made twelve

visits and left the patient convalescent, and he has remained well and robust. In due time I attended the mother, who had a normal labour and healthy baby. The mother and father were both given the variolinum as a prophylactic. I am sorry to say that the father was not particular in taking it, and in a week after the recovery of his little son, came down with an attack of the confluent form, threatening the hæmorrhagic variety. He was of a full plethoric habit and sanguine temperament, developing high fever and delirium; but variolinum rescued him, notwithstanding he had an adverse nurse who was not punctual with the remedy, and who was constantly urging him to take cold baths and other heroic procedures of old-school régime. This case was associated with a prodromal attack of morbilli. For several days he had the introductory catarrhal symptoms of eyes and nose, with rattling cough, followed in due course by the crescentic eruption of measles; and, as these were fading with the decline of associated fever, the variola confluens manifested itself with surprising suddenness.

Just here I desire to say a word concerning the diagnosis of smallpox—a subject second to none in importance in the whole range of practical medicine. When the disease develops regularly, nothing is more easy to diagnose after the eruption has been out twenty-four hours; but in the abnormal, irregular and mixed forms, the most astute diagnostician will become nonplussed, however much he may assume to the contrary. When we consider the possible complications, now admitted, with scarlatina, rubeola, erysipelas, diphtheria and purpura, and that the disease may even exist free from all eruption whatsoever—the *variola sine exanthem* of the old nosologists—when the physician is unexpectedly confronted with one of these obscure varieties, then, indeed, does he need all the circumspection, care and deliberation which he can command; for it is very humiliating in the eyes of observers to name the disease measles, only to change it the next day to scarlet fever, and the day following to admit that it is smallpox.

Now, it is utterly impossible, in some cases, to positively recognize this malady for several days. Of course, we can guess closer when an epidemic is prevailing, unless the epidemic itself is so phased by some pandemic influence of the earth's atmosphere, which, like variations of the magnetic needle, disconcert all fixed ideas. Such would seem to be the only explanation of recent unedifying wrangles in different parts of the country between men of equal intelligence and scientific attainments. It is these very uncertain cases of smallpox, which, like the didn't-know-it-was-loaded gun, produce the most wide-spread mischief.

Under the present *régime* there will continue to be prejudice, opposition, extravagance, turmoil and conflict. There is not a united family in the land who will complacently submit to the transportation of one of its members to a Receiving or Smallpox Hospital, as long as any doubt exists as to the diagnosis, for it is known that the disease not unfrequently has been contracted by so doing. The dread of the disease and its environments is universal, shared alike by profession and laity. The lack of confidence in medicine to control or cure it has been the prime factor in the deplorable panics that accompany it.

The much-vaunted vaccination has had little effect in pacifying this fear, for we find among those who have been vaccinated the earliest and most often, some who will cross a street or go around a block to avoid passing a suspected house. There have been too many deaths from smallpox in those repeatedly vaccinated by the most approved of modern methods, to uphold it as a reliable or invariable safeguard.

When inoculation of the smallpox itself was introduced into Europe and America from the Orient, it was urged with all the prestige that authority and power could supply, up to the very point of compulsion.

What sane person now advocates it? Jenner's announcement of vaccination came in the nick of time, to save the race from an interminable conflict. And now, for a hundred years, vaccination has had a fair trial under the ægis of government patronage to the fullest extent possible. Conceding all reasonable claims to its influence in modifying the disease, it has proved disappointing too often to hold the confidence of the searching intelligence of the twentieth century, especially when there is presented a substitute which only asks for a fair field to demonstrate its superiority in the management of smallpox and all the harassments that pertain thereto.

YAWS AND SYPHILIS.

DR. Morgan Finnecane has published in the *Polyclinic Journal* an interesting memorandum which he has presented to the Standing Committee on Yaws, dealing with the question of the identity of yaws with syphilis. He confines his attention to yaws as observed among the natives of Fiji, a subject upon which his experience, as Inspector of Natives and Medical Superintendent of the Colonial Hospital, gives him great authority.

His conclusions are as follows :—

“Firstly. The disease is a chronic and continuous one, and the subsequent phenomena seen in Fijians during adult and old life are sequelæ of the early infantile yaws that the race suffers from.

Secondly. The early infantile and late adult eruptions are polymorphous and symmetrical, presenting in early life more commonly vesicular, papular, and pustular forms, whilst in later life the tendency is to scaly, isolated, papular ones, psoriasis, rupial and ecthymatous sores, tubercular and lupoid forms of ulceration.

Thirdly. All Fijian yaws eruptions become of a raw-ham-like appearance, leaving a well-marked, pigmented discolouration, well seen even in the darkest types of natives.

Fourthly. No primary yaws sore corresponding to a hard chancre can be found, unless the mother yaw sore can be said to be one.

Fifthly. There is in all Fijians a general chronic adenitis of a shotty character. This is also noticed in Indian Coolies and Europeans suffering from yaws. It is an adenitis quite distinct from that produced from filariasis, the latter a disease very common on the islands.

Sixthly. The early bone pains and cachexia are similar to those noticed in early syphilis in Europeans.

Seventhly. The later secondary yaws troubles, such as periosteal nodes, skin eruptions, ulcerations of skin, superficial and deep nodular masses on the skin and deeper parts eventually breaking down into punched-out ulcers, ulceration of soft palate, mouth, tongue, and bones, with induration, with many later nervous phenomena pointing to gummatous infiltration are all indistinguishable from the later manifestations of syphilis.

Eighthly.—Eye troubles of cornea, iris, and deeper structures are common amongst Fijians, but whether due to yaws I am not prepared to say, but think it extremely probable.

Ninthly. Early abortion and miscarriage are the rule amongst Fijian women, most often inexplicable after very strict enquiry as to other causes than a yaws taint of the decidua.

Tenthly. Typical cases of hereditary (yaws) syphilis are occasionally seen in Fijians, though they are uncommon, and I explain this by saying that severely syphilised (yaws) Fijian women abort, or children born badly syphilised (yaws) die early, masking the symptoms of hereditary taint, and healthier children survive without marked symptoms of heredity, only to develop later the second symptoms. The disease of yaws is common in Tonga, Samoa, Rotamah, the Levu Islands, the

Solomons, and the New Guinea groups. In the different races it shows modified characters, no doubt caused by environment, habits, customs and diet, *e.g.*, the Fijian lives principally upon yams, taro, fish and bananas."

ECTOPIC GESTATION AND AN OVARIAN CYST ON SAME SIDE

DR. A. Brothers presented the history of the following case :—Annie Chaines, 27, dressmaker, eleven years in this country, a Russian, was admitted on the 6th of May. Her family history is negative ; married eight years ago, had four children ; first, one year after marriage ; last was instrumental nine months ago and is nursing it at present. Has always been perfectly well except an occasional leucorrhœal discharge. Four weeks ago she was seized with severe abdominal cramps, followed by bleeding from uterus ; these symptoms continued for five days. A week later they again appeared and are now present. Cramps are so severe that she fainted three times on the 5th inst. Also complained of retention of urine, exhaustion, constipation, etc. Her pulse was 90, temperature 98.4°, respiration 24 ; tongue coated ; heart, lungs, liver and spleen are normal. Abdomen is pendulous and flabby ; dulness over right iliac fossa and also tender and resisting. On vaginal examination cervix has a bilateral laceration, uterus is retroverted ; a mass the size of a small orange is felt through the right fornix, tender on palpation ; left adnexa are normal ; urine is negative.

On the 8th inst. patient was anæsthetized with ether, placed in Trendelenburg's position ; an incision about five inches made in the median line down to the peritoneum. On opening peritoneal cavity the abdominal contents could be seen covered with blood-clots and free black blood. The right tube was distended with blood, and near its Fallopian extremity a blood clot was found, which was evidently the one which escaped from the distal end of the tube. Upon lifting up the tube another large irregular mass was felt in the right pelvis. This proved to be a large ovarian multilocular cyst. Tube and cyst were tied off by a No. 3 catgut and removed. The blood and clots were now removed, cavity wiped dry, and each layer of abdominal cavity sewed up separately. Patient continued well with a normal temperature and is now doing well (seventh day).—*Medical Times*.

A VICTIM TO SCIENCE.

DR. CALMETTE, the inventor of anti-venine, has fallen a victim to his investigations. On October 14, the day before he was to give evidence before the Northern Council General on the question of providing sanatoria for the treatment of tuberculosis, the doctor was bitten on the index finger of his right hand by a cobra belonging to one of the more dangerous varieties. The immediate use of the serum discovered by himself was only partially successful; for, though the general effects (often lethal) of the venom were obviated, the local condition became so threatening that Dr. Dubar, of Lille, thought it desirable to amputate the finger in the evening. We are glad to learn that Dr. Calmette is rapidly recovering.

TROPICAL MEDICINE.

THE third winter session of the London School of Tropical Medicine was inaugurated yesterday by a meeting at the Royal United Service Institution, with Lord Brassey in the chair. Established under the auspices of the Government, and aided by public money, the school can show a record of good work done which far outweighs all the money it has cost. In the great discovery of the malarial mosquito the London School of Tropical Medicine bore no mean share. One of its staff submitted to inoculation by a mosquito in order to prove that the disease could be, and was, thus transmitted. Another, holding a travelling scholarship, found the native inhabitants of Barbadoes appallingly afflicted with elephantiasis. He was able to discover a method by which that disease can be stamped out in a single generation. Two more went out together to Brazil in order to study yellow fever. Both were attacked by the disease, and one died. The other has gone out again on a similar mission. Men are ready enough to risk their lives in this work if only the country will find the money to provide the barest necessities for their studies. At the present time Germany has half a dozen or more expeditions travelling in the tropics to study various diseases. All these are equipped and their officers highly paid by the State. Germany's colonial empire is infinitesimal compared with our own, but we are content to rely upon voluntary effort such as the London School can put forth, for the Government contributions to its funds are rather the hall-mark of official approval than the mainstay of the institution.

It goes without saying, therefore, that the school is in need of funds. One room—a laboratory—serves its students for

every conceivable purpose, except as a dining-room. For efficiency, a museum, a library, and a lecture room are all essential. The school was originally designed for about a dozen. It has at present more than twenty students, and many more awaiting the first opportunity of admission. Obviously, the present accommodation is hopelessly inadequate. A sum of £100,000 is needed to set the school on a proper footing. Sir Francis Lovell is proceeding to the East, at the suggestion of the Colonial Office, to place the merits of the institution before wealthy Englishmen in India and elsewhere. But there must be many here in England who are interested in the welfare of those who live and work "somewheres east of Suez," or in Africa, or the Indies. As Lord Brassey said, the work of the School of Tropical Medicine has a direct and definite influence on the welfare of English trade and English possessions in the tropics. Purely as a matter of business, therefore, the school deserves support, but few will be able to think that work which means life and health to thousands of Englishmen is merely a matter of business.—*Daily Telegraph*, Oct. 17.

PROFESSOR VIRCHOW.

LAST week a number of distinguished persons met at Berlin to take part in the International festivities in honour of the aged professor on the occasion of his eightieth birthday. The United Kingdom was represented by Lord Lister and Sir Felix Semon. Professor Virchow delivered a brilliant address of *two hours' duration* at the Pathological Institute, and chose as the subject of his discourse "The Progress of Pathology." During his career he has been prominent in politics, and in 1865, as a Liberal, he defeated Prince Bismarck's project for converting Germany into a great maritime power. It is interesting to note that he was, in consequence, challenged to a duel by the Iron Chancellor. He retired from politics in 1878, when he resigned his seat in the Reichstag. Since that time he has devoted himself entirely to scientific work. Virchow was made an honorary member of the Medical Society of London so long ago as 1856. His appearance in this country a year or two ago will doubtless be remembered by many of our readers. His life has, indeed, been one of enormous value to mankind at large, and merits any distinction that it is in the power of man to confer.—*Medical Press and Circular*.

THE LATE LORD MORRIS.

LORD MORRIS's mellifluous Western brogue had, of course, the charm of coming from the lips of a man of high education and refinement, but he could, on occasion, descend to the rude Doric of the illiterate. For instance, at Coleraine, during the hearing of an action for horse poisoning, he was very much amused at the self-sufficient air with which a doctor was giving evidence, to the effect that twelve grains of the poison in question could be administered to a horse without fatal consequences. His lordship eventually said to the witness, "Tell me this, wouldn't twelve grains kill the devil himself if he swallowed them?" The medico replied pompously, "I never had the honour of prescribing for that patient." To this the judge, in a most confidential tone, retorted, "Ah! no, dochthor dearh, ye nivir had. Mhore's the pithy; the ould bhoy's aloive yet!"

SOME MEDICAL APHORISMS.

- (1.) Life is short, patients are fastidious, and the brethren deceptive.
- (2.) Practice is a field of which tact is the manure.
- (3.) Patients are comparable to flannel—neither can be quitted without danger.
- (4.) The physician who absents himself runs the same risk as the lover who leaves his mistress; he is pretty sure to find himself supplanted.
- (5.) Would you rid yourself of a tiresome patient, present your bill.
- (6.) The patient who pays his attendant is but exacting; he who does not is a despot.
- (7.) The physician who depends upon the gratitude of his patient for his fee is like the traveller who waited upon the bank of a river until it would finish flowing that he might cross to the other side.
- (8.) Remember always to appear to do something—above all when you are doing nothing.
- (9.) With equal, and even inferior, talent, the cleanly and genteely-dressed physician has a great advantage over the untidy one.—*Dietetic and Hygienic Gazette.*

CLINICAL NOTES.¹

By P. C. MAJUMDAR, M.D.

BABU Pran Krishna Das, 32 years of age, spare built, but otherwise strong, suffered from malarious fever and many other debilitating diseases, had an attack of fever and vertigo in the month of July, 1895. He had been under allopathic and kabiraji treatment for a fortnight without any effect.

He came to my office on the 12th of August for treatment. On enquiry, I learned that during rains one day he worked very hard for his master in the office. Next morning he had malaise and pains in body, and feverishness. It was not heeded and he worked as usual. This brought on high fever and he was confined to bed. Treatment was had recourse to but to no effect.

Fever gradually assumed a sub-acute form with vertigo in the morning. The more he took medicine the worse he grew. So after a fortnight he came under my treatment.

Fever generally in the afternoon, when temperature rose to 103°F., the lowest temperature in the morning was generally from 99 to 100°F. He complained of burning throughout the body, especially on the palms, soles and eyes. There was slight thirst during fever, and constipation was the rule. Very slight chill.

Azadirecta Ind. 6x was given twice a day for four days, after which the patient reported better.

I continued the same medicine, and my patient's condition seemed much better.

Fever was almost gone, there was, however, a slight aggravation up to 99.2°F. at about 9 o'clock in the morning. Vertigo remained almost the same.

Further study led me to prescribe the same medicine, of which 30th potency was given morning and evening.

Vertigo much less, and there was no perceptible rise of temperature in the morning. I continued Azadirecta 30 four days more and my patient got a perfect recovery.

CORRESPONDENCE.

"ANOTHER SIDE OF VIVISECTION."

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—It is with surprise that I note a copy of a communication in your *Review*, from the *Daily Mail*, on Vivisection, with such remarks as leave its sanction by you without doubt; and as an anti-vivisectionist and homœopathist. I feel I cannot let the insertion pass without protest. Homœopathy

¹ Reprinted from *Indian Homœopathic Review*, Jan. and Feb., 1901.

is a living protest against vivisection of animals, for on the face of it no investigations would appear to justify it more than those of homœopathy, and yet no investigations are freer than those of homœopathy. The remarks by the correspondent, Fred A. Mackenzie, are subtle, pleading, and with a smell of injured innocence which are always calculated to catch the sympathetic reader.

The points mentioned are those that have often been quoted before, and answered, and well answered, by anti-vivisectionists. Harvey was not the absolute original discoverer of the circulation of the blood, nor were his discoveries the result of vivisection; that he vivisected we have it from his own pen, but that the discovery of the circulation of the blood was the result of this form of investigation is as untrue as that Newton discovered gravitation by vivisection. The circulation of the blood was evidently a deduction or intuitive knowledge by an astute mind at the right moment.

It is not necessary to prove that vivisection is unproductive of results to prove it illegitimate. We may cut our wives' throats and perhaps learn many interesting facts in the process, if it be only what scoundrels we are, that will not justify the act! We stand on a firm foundation that we cannot do harm that good may come. To torture animals is wrong. We have no right to gain knowledge in this way.

The remarks of Mr Mackenzie prove their own futility; the deductions are as follows:—(1.) Vivisection is not cruel because in this country the operations are limited to those which do not involve pain. (2.) Medical research in this country is backward. Why? Because only those operations are permitted which are unproductive, in other words, which are not cruel.

The writer speaks of the simple nature of the operations, inoculations, etc., forgetting that by such a remark he himself is condemning the system, for is there not a covert suggestion that if the operations were more serious, there might be cause for complaint. Mr. Mackenzie, again, in speaking of the report of the inspectors, is speaking for this country alone. Could he honestly make the same statements of the continental schools?

Again, he, the writer, refers to the vilifying of the doctors and the attacks on healing institutions. Has he read the correspondence which has from time to time taken place between the Hon. Stephen Coleridge and some of our allopathic fraternity? It is a fine example of quiet, dignified courtesy on the one hand, and a coarse vulgarity of disappointed fanaticism on the other.

Regarding the self-sacrifice of responsible persons like the

sixteen young doctors mentioned, I have naught to offer except the most unqualified praise and respect. There is something one can understand here, it is pure devotion to a cause. It was by similar devotion and sacrifice that Hahnemann and others built our great system. But if we are going to turn back and adopt the meaner methods, homœopathy in pandering to such a system will bring upon its head a well deserved curse.

By turning the channel of the public money away from those institutions where vivisection is practised, the anti-vivisectionists are not attacking these institutions, they are only attacking vivisection. It says as plainly as possible, public subscriptions should not be used for illegitimate objects ; drop your vivisection and we will drop our persecution.

As for this country being behind others in original research, that is not due to these persecutions, but to the temperament on the one hand, tied as we are by the bonds of our own short-sightedness, our bigotry, our intolerance for anything new, except it happens to be the fashion ! These are the enemies of our race, not anti-vivisection. We as a race are more stiff-necked than the Jews. We hate anyone who dares to suggest anything new. We, in a cold-blooded way, crucify our saviour in any department and then cry out that we are hurt.

The genius gives us new truths. We crucify the genius and then set about vivisection to see whether what he said was true. It is the same old Thomas. Let us show the "scorn for miserable aims that end with self, and urge men's search to vaster issues." *There is no other side of vivisection !* The philosophy of vivisection is simple : "We will get comfort for ourselves at the cost of discomfort to animals." Such a philosophy must be wrong. The *Homœopathic Review* is practically the organ of the Homœopathic Society, the Homœopathic Society is associated with the Homœopathic Hospital. The *Review* favours vivisection. All right. Then the Hospital favours vivisection. This is a natural deduction of anti-vivisection. I venture to say, sirs, that in inserting this letter you have done an injustice to the hospitals and to us as a body, numbering as we do so many who have resolutely turned our faces against vivisection. I hope this will be corrected.

28, Harley St., W.

Yours,

Aug. 29th, 1901.

ARTHUR A. BEALE, M.B.

Note to Dr. Beale's letter.

WE had no intention, nor have we now, of opening up a discussion on vivisection, as we are no advocates for it, and in fact, cannot see in what way it can assist or advance homœopathy. The effects of drugs on the lower animals are often quite different from their effects on man, and at best, only corroborate

what we already know from our provings. We simply wished, as a matter of fair play, to let our readers see what can be said on the other side of the question, as enunciated in the *Daily Mail*. We must, however, repudiate the statements made by Dr. Beale at the end of his letter. The *Review* has nothing to do with the British Homœopathic Society. Nor is this society in any way connected with the Homœopathic Hospital, otherwise than that all institutions and societies existing for the advancement of homœopathy are more or less associated. As the premisses in Dr. Beale's syllogism are incorrect, his remark at the conclusion that "the Hospital favours vivisection" falls to the ground at once. The Hospital does nothing of the kind in the remotest suspicion of a degree. If Dr. Beale's object was to injure the Hospital, he could not have adopted a better course than to conjure up, so unexpectedly, this bogey of his imagination.—Eds. *M.H.R.*

PORK AND CANCER.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The following newspaper cutting is from the *Birmingham Daily Post* of this day's date.

A correspondent who signs himself "Common Sense" writes as follows to the *St. James' Gazette*:—"Is it not a fact that cancer rarely occurs among Jews? The careful avoidance of such an article of food as pig's flesh seems to point to the reason. If a pig were always fed on clean food no doubt its flesh would be as wholesome as any other, but being a scavenger, and fed on any food that can be got, it is most likely that disease of all kinds is spread by its use as a food. I was recently told by a friend of mine who personally enquired of some bargemen on the Thames what the substance was which filled the barges, that they told him that it was composed of poultices from London hospitals, which went by barge down the Thames to the Medway to feed the pigs, which eventually became what is known as 'dairy-fed pork.' I have examined bacon frequently, and have often found small 'cysts' or tumours in it. Considering that a special disease, trichinosis, is associated with pork, it is not beyond the bounds of probability that to use the flesh of a notoriously foul-feeding animal as food is to convey the seeds of all kinds of disease into the system."

If you would kindly insert this I should be much obliged, and should be very pleased to read any comments you or any medical gentleman may write on this subject in the *Review*. *A*

Is it *possible* that the London Hospital Authorities are cognisant of it? It seems to me incredible. *If it is true*, it is a *very* serious matter affecting thousands of lives. It is a most serious charge to lay at the doors of the city hospitals.

If it is *not* true, then the hospitals of London, should at *once* take the matter up and deny it in the most public way possible. If it is true, then pork *in any form whatever*, should be most scrupulously avoided and discontinued as an article of diet.

It would be very helpful and interesting to learn the opinions of the medical practitioners as a body, and from Homœopaths in particular, of the value or non-value of pork as food, and what diseases are likely to arise from the use of it.

For myself I have given up, for years, eating pork in any shape whatever, and my health is decidedly the better for so doing, and I feel sure that the general avoidance of pork would *very* materially add to the health of the nation at large.

Realising the serious import of the charge in the statement as *per* newspaper cutting, prompts me at once to convey without delay the enclosed cutting, and I trust you will kindly pardon my trespassing upon your valued space in writing you so long a letter.

Yours very cordially,

13, Westminster Road,
Handsworth, nr. Birmingham.

SAMUEL ROBINSON.

September 11th, 1901.

Note to Mr. Robinson's letter.

Our correspondent opens up a large, important and difficult question. It is, we believe, correct that the Jews suffer comparatively rarely from cancer, but as they also suffer less than other races from phthisis, it might be argued that their abstinence from pork was a reason for this also. It is impossible to prove that this is the reason in either case. Pig in all forms was prohibited in the Levitical law, not because it feeds on improper food, but because, though it had a cloven hoof, it did not chew the cud. All animals which did not chew the cud *and* have a cloven hoof as well, were reckoned unclean for food. The Levitical law was a marvellous illustration of the Divine knowledge, as in all points it is found to be "up to date" in hygienic and food rules, and it is possible that behind the rule of the cloven hoof and chewing the cud, there may be a deep reason against pork as food. But it is difficult or almost impossible to prove it, in the face of the enormous consumption of pork all over the meat-eating world. The promiscuous feeding of pigs cannot be the reason, as ducks notoriously feed on garbage of all kinds, and yet are wholesome and allowed by the Levitical law; and even fowls are not over-particular in the selection of their food.

Nor does our correspondent's improved health since he left off eating pork prove that this was really the cause. There were most likely other factors in the case, which he omits to recognize, putting down the whole cause to the one he names. One is very apt to put a result down to a supposed cause, which may not be the true one. At all events, there is no proof that we know of to show that pork-eating is a cause of cancer. As to the poultice question, we can hardly believe the statement in the newspaper. We certainly never heard of such a thing. But it could easily be ascertained by enquiring at the proper sources. Certainly the London hospitals can have no cognisance of such a proceeding. If true, no words could be strong enough to condemn it. But even if true, and it was injurious to the pigs, they would soon show it by disease, and their owners would soon put a stop, for pecuniary reasons, to such feeding. If the pig thrives on it, and yields excellent pork, it would only show that pigs can fatten and thrive in health on what would be simply poisonous to the human being; and healthy pork can easily be distinguished from diseased pork. If the flesh is sound, the feeding is of secondary importance.—*Eds. M.H.R.*

KALI BICHROMICUM.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Quite recently a striking clinical confirmation of the homœopathicity of kali bichromicum to the gastric irritation peculiar to pregnancy came under my notice, which may find a fitting place in your summary of pharmacodynamics. Beatrice Morgan, æt. 23, married three months ago, complained of *intense nausea on rising from bed*, compelling her to keep recumbent. Ipec. 3, verat. alb., and arsen. alb. were prescribed without benefit, when a consultant advised the application of a 20 per cent. solution of cocaine to the os uteri, night and morning. No relief was obtained, and patient was becoming exhausted from inanition, no food or drink being retained; but there was vomiting of acrid fluid, yellow and bitter, after the ingestion of any nutriment in any form, in rapid successive throes; stooping or moving aggravates; straining, retching, and continued pain in epigastrium; pallor of countenance, sleeplessness, and depression of spirits. Now all these symptoms are found under "Kali bichrom." in chapter xii, pp. 324 to 326 of the *Cypher Repertory*, and under no other drug. After eight doses, at intervals of six hours, every untoward symptom subsided, and, appetite returning, strength was restored, and ability to eat and to

move about with comfort returned. The sixth centesimal dilution accounted for the improved condition of matters.

I am, yours truly,

Liverpool.

THOMAS SIMPSON.

A PROTEST.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I have sent a copy of the following to the *British Medical Journal*. Of course they won't print it. It should appear next week. If you like, you may print it in the *Review*.

Yours,

102, GT. VICTORIA ST., BELFAST,
28th Sept., 1901.

J. M. STORRAR.

To the Editor of the "British Medical Journal."

DEAR SIR,—I hope you will excuse me for daring to lecture you for offences against regular medicine which from time to time I have observed in the columns of our journal. I have borne it till now; this week is the climax. There are three articles describing the action of chronic arsenical poisoning on the skin, and we all know that arsenic is one of our best skin remedies. Moreover, there is a letter from a medical man suggesting the use of *urtica urens*, or common stinging-nettle, for the cure of chronic urticaria. Not so long ago, I saw a letter in your pages vaunting the virtues of bryonia in pleurisy. You had also the audacity to vouch for the utility of drop-doses of ipecacuanha in sickness. Last year there were several papers praising Epsom salts in dysenteric diarrhoea, and also arsenite of copper for similar complaints. Also, I have observed that cantharides and turpentine have been recommended for bladder troubles.

Now *you* ought to know that all this is rank homœopathy, which should not be so much as hinted at by any journal with any regard for its professional reputation. You have actually mentioned the name of a German named Hahnemann. *Now* some of your readers may want to know something about him, and even to read his writings, and they may be led thereby out of the paths of professional rectitude. I have a son coming on whom I wish trained up in the way he should go, and I do my best to keep questionable literature out of his hands. There are many fathers like me, so do please be more careful in future, and oblige,

Yours truly,

A SIXTEEN-YEAR MEMBER.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Mr. C. J. WILKINSON.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays and Saturdays, 2.0; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Wednesdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Dental Cases, Wednesdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Wednesdays, 9 A.M.

An apology is due to our Subscribers for the late appearance of our last (October) issue. This was due to the delay in the delivery of the illustration plates, not to any failure on the part of either the staff or the printer. It is hoped that such arrangements have been made as will prevent similar disappointment in the future.

Letters have been received from the following:—Dr. BURFORD (London); Dr. CLIFTON (Leicester); Dr. GOLDSBROUGH (London); Dr. HAWKES (Liverpool); Dr. H. NANKIVELL (Bournemouth); Dr. STORRAR (Belfast).

BOOKS RECEIVED.

Practice of Medicine, containing the Homœopathic Treatment of Diseases. By Pierre Jousset, M.D. Translated by J. Arsachouvi, M.D. New York: A. L. Chatterton & Co. London: E. Gould & Co., 1901. *Report of the Central Public House Trust Association*, October. *Journal of the British Homœopathic Society*, October. London.—*The Chemist and Druggist*, October. *The Homœopathic World*, October. *The Therapist*, October. *The Vaccination Enquirer*, October. St. Andrews, Edinburgh.—*The Temperance Critic*, October, 10. Calcutta.—*The Calcutta Journal of Medicine*. Hobart.—*The Tasmanian Homœopathic Journal*, August. Chicago.—*The Clinique*, September. *The Medical Era*, October. *The Hahnemann Advocate*, August. New York.—*The Medical Times*, September. *The Medical Century*, October. *The North American Journal of Homœopathy*, October. *The Homœopathic Eye, Ear and Throat Journal*, October. Philadelphia.—*The Hahnemannian Monthly*, October. Lancaster, Pa.—*The Homœopathic Envoy*, September. *The Homœopathic Recorder*, September. *The Minneapolis Homœopathic Magazine*, September. San Diego.—*The Pacific Coast Journal of Homœopathy*, September. Baltimore.—*The American Medical Monthly*, September. St. Louis.—*The Medical Brief*, October. Paris.—*Revue Homœopathique Française*, August to October. *Le Mois Médico-Chirurgical*, October. *Leipziger Hom. Zeitschrift*, October. The Hague.—*Homœopathische Maanblatt*, October. *Handelingen Van de Vereeniging Van Homœopathische Geneesheren in Nederland*, July.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYER BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NORTON, 173, Haverstock Hill, N.W.; or to Mr. WILKINSON, 3, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

A FALSE VIEW.

THERE are certain positions of eminence from which a man would naturally shrink. We have, for example, never envied the lot of the distinguished surgeon annually appointed to deliver the Hunterian oration. We fancy his momentary satisfaction on appointment to an office of honour and the rapid disappearance of that satisfaction on his remembering how many astute brains have sought for something new to say on the necessarily limited subjects of the history and lessons to be derived from the life and labours of the great anatomist. But every October brings round a task yet more cruel, since it affects a greater number, at the beginning of the winter session, when medical students do (or did) flock to the schools with the intention of qualifying themselves for the practice of the healing art ; and, with the opening of the session, comes by tradition the Introductory Address. This function has long been recognized, especially by the addressers and the addressees, as a troublesome and tedious business to be got through and forgotten as soon as possible ; and this point of view is one which we would gladly take, had not one of the victims to custom found it necessary to make a specially uncalled-for and ignorant attack upon homœopathy.

DR. WILLIAM HILL, surgeon for diseases of the ear, delivered the Introductory Address to the students of St. Mary's Hospital on October 1, and he chose "Occultism and Quackery" as his topic. The Address represents a cursory and sketchy view of the history of medicine and of the delusions and frauds which show themselves on the surface of that history. In the course of his address, DR. HILL suddenly abandons some trivial mention of Biblical references to medicine and its practitioners to break out as follows:—

"The leading principle of the stupid homœopathy revived a hundred years ago, that 'like cures like,' was a mere reproduction of a very ancient medical aphorism. From the alleged fact that worms come out of the noses of sheep suffering from 'staggers' or 'turning fits' it was concluded that the larvæ of worms coming from the sheep's nose would be an effectual remedy in epilepsy in man, and as early as B.C. 560 Trallianus tells us that at two distinct utterances of the Oracle of Delphi these worms were recommended to be used by no less a patient than Democritus of Athens, who suffered from epilepsy. You will be interested to know how the famous orator 'used' the maggots. Like a sensible man, he did not eat them *au naturel*, nor did he swallow them disguised as a bolus, but, being doubtless an unquestioning believer in amulets, he merely put the worms in a bag which he tied round his neck. Cure was, of course, unlikely. At the present day the homœopathic system is, medically speaking, exploded and discredited, but as a means of attracting the more credulous of the public its power is, if diminished, still considerable."

There is a finely-crusted anecdote of an accomplished headsman who, as an exhibition of his skill, made the requisite incision upon a criminal so deftly that the victim remained unconscious of his decapitation until, a pinch of snuff having been administered, he sneezed and lost his head. The followers of HAHNEMANN are becoming used to a somewhat similar process. Young bloods of orthodoxy, "swol'n with insolence and" a recent hospital appointment, full rather of zeal than of discretion, of abuse rather than of argument, battle with them, inform them that they have no leg to stand upon, no life or existence. The homœopaths deny it, shaking the head vigorously—but the head remains "screwed on the right

way," and the vitality to which they have no right (according to the physiology of their opponents) continues obstinately and anomalously to obtain. The "homœopathic system" is authoritatively pronounced as "medically speaking, exploded and discredited," but we who profess a keen interest in that system and its exponents are, oddly enough, unaware of our lamentable condition. Obviously the right and convincing sternutatory has not yet been applied to the unconsciously dead.

What was DR. HILL's motive in incorporating this attack upon homœopathy in his introductory address to young men about to begin the study of medicine and surgery? We do not think that he spoke from a mind full of recently-acquired information or from any very ardent interest in the subject. For surely a casual enquiry from his colleagues, or a few minutes' consultation of a work of reference, would have convinced him that the Delphic prescription to Democrats had no bearing upon the "homœopathic system." Dr. HILL is very careful to tell his students that the Law of Similars is that "like cures like," which, though incorrect, is as near the real thing as he can be ethically expected to get. Prescribing larvæ from the nose of epileptic sheep has no relation to like curing like or to homœopathy, however it may be considered as related to isopathy or to the law of signatures. It was a disgusting little tale, and quite fit to tack on to a system which Dr. HILL wished to "explode and discredit." Further on in his discourse there occurs another reference to homœopathy which again convinces us that Dr. Hill's information on that subject is of the vaguest. He says:—

"Whilst essentially a clinical observer, Hippocrates seems to have employed a number of drugs in use at the present day—and his *materia medica* was extensive if peculiar. He frequently employed venesection. He was a believer in the theory of opposites, which shows that he was no homœopathist. Hippocrates, however, with all his knowledge had his superstitions—he believed in 'critical days.'"

As this happens to be one of *our* "critical days," we would take the liberty of asking DR. HILL whether he is aware that HIPPOCRATES was not so much "a believer in the theory of opposites" but that he could appreciate a stick having two ends at once. We would refer him to

a speech delivered by Dr. Jousset at a Hahnemann Birthday Dinner¹, in which the speaker investigates HAHNEMANN's claim to genius :—

“Is it,” he asks, “because he discovered the law of similars? Certainly not; for that discovery does not belong to him. . . . Everyone knows this passage from Hippocrates:—‘That which produces a strangury where it did not exist cures an existent strangury; that which produces cough and fever where they did not exist cures existent cough and fever. Similia similibus curantur.’ It is to HIPPOCRATES, then, incontestably, that the discovery of the law of similars and the statement of it belong.” Dr. Jousset passed on to point out that the genius of HAHNEMANN is established in his recognition and provision of provings as the logical outcome of the Hippocratic aphorism.

It was scarcely, then, from a cultured interest in either HIPPOCRATES or HAHNEMANN that DR. HILL was drawn into his not very fortunate allusion to the relation between them. If, as we fancy, his motive was to catch the young idea early and to twist it incurably away from a genuine and independent study of the system he vilifies, we cannot help thinking and hoping that he has overshot his mark. Ignorance of homœopathy so Cimmerian as that which DR. HILL exposes in himself is rare; and, though there is room for a great extension of knowledge on that subject, he cannot justly reckon upon a tacit acceptance of the gross caricature which he has set up that he may throw mud at it. We pass over the fact that, having defined homœopathy with fair justice, he proceeds to foist off upon it Trallianus' sheep-worm legend: this may go down with the ignorant; and, if misrepresentation was to be the order of the day, this was a good specimen of a poor thing. But when DR. HILL passes on from his amusing assertion that homœopathy is “medically speaking, exploded and discredited” to speak of it as a system designed and practised “as a means of attracting the more credulous of the public,” DR. HILL advances from the field of misrepresentation into the field of untruth—and untruth is an obscene bird which has a knack of returning to roost by those who hatched it. We can forgive DR. HILL for his ignorance

¹*Revue Homœopathique Française*, June, 1900.

concerning homœopathy (whether it be real or assumed); but when he impugns the honesty of a large and growing section of his own profession, we confess that we are a little inclined to use the vitality of which we are conscious (in spite of our deadness in his eyes) to kick.

Dr. HILL knows, or should know, (for who are we to limit him in his limitations of common knowledge?) that the Medical Act provides that no medical man shall suffer disabilities for his therapeutic views. He knows, or should know, that to attribute the habit of practising on the credulity of the public to an individual member of the profession is an indictable offence likely to cost him dear in a court where mere assertion is not accepted as evidence; and, further, he knows, or should know, that to attribute to a corporate party of gentlemen what he might be heavily punished for insinuating against any individual of that corporation is not exactly the best lesson which he could set before men who are embarking on the study of an honourable profession.

SYDENHAM ON THE DUTIES OF THE PHYSICIAN.

IN the present juncture in Homœopathy, and our policy in regard to it, we cannot give a finer stimulus to the propaganda which we described in our leading article of last month, and which follows so well on it, and we are sure also a greater pleasure to our readers, than to remind them of the great Dr. Sydenham's preface to the first edition of his "Medical Observations concerning the history and the cure of Acute Diseases."¹

1. "Whoever takes up medicine should seriously consider the following points: Firstly, that he must one day render to the Supreme Judge an account of the lives of those sick men who have been entrusted to his care. Secondly, that such skill and science as, by the blessing of the Almighty, God he has attained, are to be specially directed towards the honour of his Maker,

¹ From the Sydenham Society's edition of the works of Thomas Sydenham, M.D., by Dr. Latham. Vol. i, p. 26.

and the welfare of his fellow creatures ; since it is a base thing for the great gifts of heaven to become the servants of avarice or ambition. Thirdly, he must remember that it is no mean or ignoble animal that he deals with. We may ascertain the worth of the human race, since for its sake God's only-begotten Son became Man, and thereby ennobled the nature that He took upon Him. Lastly, he must remember that he himself hath no exemption from the common lot, but that he is bound by the same laws of mortality, and liable to the same ailments and afflictions with his fellows. For these and like reasons let him strive to render aid to the distressed with the greater care, with the kindlier spirit, and with the stronger fellow feeling.

2. "Many, however, will in no wise allow themselves to be regulated by these considerations, as is clearly manifest both from their practice and their way of life. Some are swollen up with pride, and puffed out with the vain conceit of their knowledge ; so that these matters seem small in their eyes. They can only come down to them negligently and contemptuously. They care nothing for the poor unfortunates committed to their charge. The Supreme Being they either disown or disregard. The others either gape and grow greedy for gain, or else are borne away by the hopes of some small celebrity ; in either case looking to their purses or to their fame.

"In all cases it behoves each and all of those physicians, who have the desire not only to *seem* but to *be* prudent and honest, to acknowledge and entreat the Divine Goodness, that from this they may look for wisdom and good fortune ; and they ought not to be satisfied with simply giving health to the sick, but they should strive to add greater certainty to the art they administer ; and they should so direct their experiments, that the science of medicine may grow day by day more clear and more efficient. In this way the human race may reap the advantages thereof generally, and with safety, even after they themselves have been laid in their graves.

3. "In full consciousness of my high duty do I lay before the world this my *method of treating fevers, founded upon my own observations*. For since through the blessing of God, which has favoured my unworthy efforts, I may have appeared to have discovered surer and more genuine

principles of treatment, than such as are afloat amongst the generality, I consider that I serve the cause of those who study true medicine in making them public. This I now attempt to do in a liberal spirit, and with an honest mind. To some it may appear that the method which I adopt is based upon insecure foundations. I am, however, on my own part fully convinced, and I truly affirm, that it is altogether proved by a manifold experience.

4. "Now clearly as I foresee that there will be many who, from the desire of finding fault, or from a feeling of pride, which teaches them to spurn and despise all beside themselves, will rise up and lay to my charge either the affectation of novelty, or the support of absurdities; foreseeing, also, that even where my practice has been tried and its results been recognized, it will be asserted that my statements are anything but new, and that the world has long known them: I have, notwithstanding, never allowed myself to be deterred from communicating the following pages to those of my fellow creatures who unite the love of truth with the love of their kind. It is my temper and disposition to be careless of both the sayings and the doings of the over-proud and the over-critical. To the wise, however, and the honest, I wish to say thus much:—I have in no wise whatever distorted either fact or experiment; I told the truth, the whole truth, and nothing but the truth; and I have little fear but they also, if they will make similar observations, will add their voices to mine. In the meantime I ask the pardon, and submit to the arguments, of better judges than myself for all errors of theory. Perhaps I may myself hereafter on many points change my mind of my own accord. As I have no lack of charity for the errors of others, I have no love of obstinately persisting in my own."

Such noble views of our professional duty to God and to our patients, such fearless and honest statements of the results of his experience, in spite of all the cavilling to which he feared they might give rise in the minds, words and acts of his opponents, and such ardent desire to communicate his knowledge to those who were to come after him, are so tellingly expressed, that to enlarge on them by comments of our own, after our leading article of last month, seems to us unnecessary. To do so would be only "gilding refined gold." If such grand views of our

duty do not appeal to us all as the ideal to be aimed at by those who have the guardianship, for the present, of the greatest truth in medicine ever enunciated—namely, the law of similars,—no further calls on our part to our duty will have any effect. We therefore leave Sydenham's noble words to be "read, marked, learned, and inwardly digested" by us all.

A CASE OF PARALYSIS AGITANS COMPLICATED WITH SPINAL TRAUMATISM; THE VALUE OF HYPERICUM.

By GILES F. GOLDSBROUGH, M.D.,

Physician in Charge of Diseases of the Nervous System, London
Homœopathic Hospital.

THE following case is deemed worthy of record as illustrating interesting features in paralysis agitans, in the diagnosis of spinal traumatism complicating the former malady, also the value of *hypericum* as a remedy in the latter condition. The following are the notes of the case, by Dr. Grantham Hill, formerly resident physician at the London Homœopathic Hospital.

G. H., a man aged 54, formerly a clerk, but of no occupation for two years, and living alone, was sent by Dr. Roche, of Norwich, for admission to the hospital, under Dr. Goldsbrough. For two years he had had much anxiety; previously he had been in the Indian army for nine years, when he had dysentery, also a soft chancre for which he was treated locally, no secondary symptoms following. His present illness began two years ago. He retired to rest in good health one night and awoke at dawn finding his left arm shaking violently and his head slightly, and on attempting to walk found a weakness of the left arm and leg. He remained in bed a few days and slowly improved, the tremor becoming less and the power of walking partially returning. So much was the improvement that he was able to go out and ride a tricycle. A few months afterwards he had a fall from his tricycle, when he is said to have been

unconscious for some hours. He was removed to Chelmsford Infirmary, where he remained seven days, and came out comparatively well, except there was no change in the tremor of his arm and leg. Two or three weeks ago, on waking he was seized with a severe pain in the left loin, accompanied with nausea and profuse perspiration. On attempting to walk, the left leg was much weaker than usual. This condition lasted a week or more without improvement. There was no change in the amount or appearance of the urine passed, or in micturition. Patient was admitted to the London Homœopathic Hospital on March 30th, 1901, and the notes taken the next day.

Condition on examination. The pain in the loin has nearly ceased the past two days. He has been resting in bed since admission. *Mental state.*—A sensitive, timid man. Answers questions intelligently. Suffers from despondency. Sleeps fairly well. Calls out frequently during sleep but has no recollection of dreams of any kind. *Speech* slow, otherwise normal. *Sensorium.*—Headache over both parietal regions. *Organs of vision.*—No nystagmus. Pupils react to light and accommodation. Movements of ocular muscles good. Arcus senilis well marked. *Hearing, taste and smell* normal. *Sensory system.*—Has a band of hyperæsthesia at the level of the fourth lumbar vertebra. *Motor system.*—Distinct loss of power of the flexors and extensors of the left arm and leg. Rigidity of facial expression especially marked on movement. At rest there is no tremor, but on movement a moderately coarse tremor of the left arm and hand and head, which is increased by attention directed to it and which can be nearly entirely controlled by the will. *Reflexes.*—Plantar sluggish on right side, more active on left. Epigastric and abdominal absent on the left side, normal on the right. Patellar normal on the right, exaggerated on the left. *Sphincters* normal. *Digestive, circulatory and respiratory systems* normal, also the urine.

Progress and treatment. No medicine was given until April 5th, when hypericum 6x was ordered, rest in bed being carefully enjoined. On April 8th there was general improvement, the pain had entirely ceased. He feels stronger, and the tremor was less marked. April 11th. —Still improving. Has some pain in the left great toe and cramp in the left leg and foot. Is constipated. To have nux v. 3x \mathfrak{M} ij night and morning. Continue

hypericum. April 15th.—Improvement continues. Has lost pain in toes. April 22nd.—Grasp of hand much stronger. April 27th.—Discharged much improved.

Patient subsequently visited the out-patient department, and the change in his condition compared with that on admission to hospital was very striking. His gait was normal, expression much brighter and less rigid; no tremor was visible throughout the visit. He had had no return of pain of any kind.

Remarks. As regards diagnosis the case at first looked very puzzling. Hemiplegia, paralysis agitans, some form of spinal paralysis, all presented themselves as possible hypotheses. The pain in the loin also much resembled renal colic. The conclusion arrived at, however, was the only one which accounted for all the symptoms. Much allowance had to be made for the man's exaggerated functional sensitiveness. This gave the appearance of his illness a much more serious aspect than it really bore. The essential condition however was, and is, a beginning of paralysis agitans, the rigidity of face and the character of the tremor and weakness being a warrant for that conclusion. The pain in the loin I regarded as neuralgic, which, with the zone of hyperæsthesia and the added symptoms referable to the spinal cord, could be attributed to spinal traumatism, and a probable lowering of the vitality of the nervous system from privation.

The effect of rest in bed, good feeding, and *hypericum*, bore out this view of the case, and as all symptoms indicating spinal traumatism and abnormal functional sensitiveness disappeared, the true character and degree of the paralysis agitans alone remained.

HAHNEMANN'S THEORY OF DRUG DYNAMIZATION.

By PERCY WILDE, M.D.

IN my paper on "Energy in its relation to drugs and drug action," read before the British Homœopathic Society, on November 7th, I was concerned with such a large number of facts new to the study of therapeutics, that it was only by careful condensation that it was

possible to present them in a single paper. I could not therefore deal with any points of an historical or controversial nature, and for this reason I was unable to compare the facts presented with the Theory of Drug Dynamization of Hahnemann, and pay that tribute to his genius which the occasion demanded.

I think there is little room to doubt that when Hahnemann wrote his essay on "A new principle for ascertaining the curative power of drugs" in *Hufeland's Journal* (Vol. II., Part III., 1796), his application of the law of similars was based upon the opposite actions of large and small doses of the same drug in its crude form.

It was when he tried to apply this knowledge in practice that he found it necessary to dilute the crude substance by trituration or solution. He found that this process of dilution, instead of diminishing the curative power of the drug increased it, and it became obvious to him that this activity of the drug in extreme dilution must be due to some latent power in the drug which became developed by the mechanical forces brought to bear upon it by the processes of trituration and dilution.

That such power could exist in a latent form he illustrated by the fact that when cold steel was struck upon a piece of flint a spark was produced, that is to say, that a fragment of steel was brought to a state of incandescence. He argued, therefore, that the cold steel must possess an enormous store of heat locked up in it, and that this force could be set free by mechanical friction.

He finally put forward the boldest theory ever advanced in the history of science, *viz.*: That the energy of a drug increased with dilution, as a result of the mechanical forces brought to bear upon it.

At this time, early in the last century, the study of molecular physics did not exist, the nature of energy was unknown, and there was absolutely no language open to him in which to give expression to his ideas.

It was quite natural that his theory should have met with a storm of ridicule. Put in modern language, the idea that the energy of matter could increase as the substance diminished, appeared contrary to every law of nature.

Many arguments have been brought forward to show the physical absurdity of the theory, and in these arguments the laws of kinetic energy (the action of

moving masses) are quoted as if they had something to do with the question, which they have not. Sir James Young Simpson wrote a book with a view to proving the preposterous nature of the theory, and did so to his own satisfaction, but as his book is based on the assumption that weight is a measure of energy, and it happens to be an elementary physical law, that "energy is imponderable," he might have spared himself a great deal of trouble and loss of dignity.

If one wished to impress upon the General Medical Council the extraordinary ignorance which exists in the medical profession upon the elementary laws of chemistry and physics, it would be only necessary to quote the writings of some of the most eminent physicians on this particular subject.

But the position of Hahnemann's theory at the present moment is one so curious and remarkable that I doubt if it has a parallel in the history of science.

In the first place, we have physicians of the homœopathic school who make use of the dilutions recommended by Hahnemann, and who do so because they find them clinically valuable. So far as I can gather, very few are inclined to pledge their scientific reputation by accepting Hahnemann's theory of drug dynamization. The disposition during the past half century has been rather to explain it away, or sink it in the necessity of using the small dose. The dilutions are no longer called "potencies," but "attenuations."

Next we have physicians who constitute the vast majority, and who have no clinical experience of the use of extreme dilutions of remedies. They have been taught to regard the physician who uses such remedies as either a knave or a fool. They have been taught that it adds to the dignity of the medical profession to take this view.

Next we have scientists, represented by physicists, chemists and electricians, who for some years have been teaching that all substances which are electrolytes, *i.e.*, acids, bases and salts, have their energy *increased by extreme dilution, in some cases by infinite dilution, as an elementary scientific fact.*

They know nothing of Hahnemann's theory, but in such circles, if absolute proof was afforded in respect to every known substance, that its chemical energy increased with dilution, so far from exciting surprise, it

would be met with the rejoinder, that every scientific fact already pointed to this conclusion, and has done so for many years. In my paper I have traced the crude insoluble substance through trituration to solution, and from solution to infinite dilution, and shown how the mechanical forces brought to bear upon it before it arrives at this state, not only liberate the energy of the atoms, but confer upon it a gradually increasing amount of potential energy, which can be converted into vital energy. These facts are all demonstrable and impossible to refute.

It is obvious that a class of facts of such wide import could not be made the subject of instantaneous judgment, and the Society have very wisely decided to reserve discussion until another occasion, and after my paper is in the hands of the members.

From remarks which fell from some of the members it seems possible that future discussion may tend to bear upon the question as to whether there is a vital energy existing as distinct from chemical or physical energy, whether it is possible for one to be converted into the other. I trust this will not be the case. Thirty years ago such discussions were common enough; but as John Fiske¹ says: "The hypothesis of a 'vital principle' is now as completely discarded as the hypothesis of phlogiston in chemistry. No biologist with a reputation to lose would for a moment think of defending it"; and as Prof. J. S. Kingsley² says: "I know of no authority in recent years which recognizes a distinct vital force; all students of nature, so far as I am aware, explain all the phenomena of life by means of physical and chemical forces."

I might quote a great number of authorities to the same effect, but it seems unnecessary. It is only since scientists have generally recognized that there are no special forces, but a single force which is capable of being transformed into any other form of energy that, *inter alia*, it has become possible to demonstrate Hahnemann's theory. It was owing to the fact that vital energy was regarded as a distinct entity, that the conditions necessary to the transformation of other forms of energy into vital energy have never been made the subject of teaching in the

¹ *Cosmic Philosophy*, vol. i, p. 422.

² Quoted by Prof. Dolbear, "Matter, Ether and Motion."

medical schools. This study, which is the most important in the whole range of therapeutics, is wholly neglected by our most recent text-books on the subject. While a statement is not liable to be subjected to the test of definite physical and chemical laws, the whole study of therapeutics will be saturated, as it is now, with so-called "facts," that will not bear an instant's investigation.

The study of therapeutics is, at the present time, in a deplorable condition. There has been an endeavour to teach it as an "art, not a science," or in other words to claim for it a position outside all ordinary chemical and physical laws. The more closely these laws are studied the more clearly will it be shown that when Hahnemann referred to his law of drug dynamization as the "greatest discovery of the age," he was not guilty of over estimation. It is not necessary that we should adopt the language or all the deductions of Hahnemann in respect to this law, to have the most profound admiration for his genius.

There is a great work at the present moment before the homœopathic school, that work will be only hindered by empty discussions on the old therapeutic lines. We want to accumulate definite physical and chemical facts, to formulate, write down, and remember all the natural laws which have a direct bearing upon the study of therapeutics, and upon these laws we can base a science of therapeutics. The method of proving drugs upon the healthy body is of course one of the most important of all studies; but before we make these provings it is necessary that we should know the form in which the drug possesses its full "penetrative" power, and to be able to distinguish between the physical and chemical action of drugs. When we use them in disease it is necessary that we should know at what particular dilution a drug possesses its maximum chemical activity. Such knowledge is now possible by definite physical methods, which will not replace nor change anything that has been done before, but which will enable us to proceed on certain and definite grounds, to be able to give a ready answer for each step in our treatment, and afford that stimulus which always accompanies methods of exact observation. Personally, I should be very glad to hear from any practitioner who would help in the work of investigation.

BATH, Nov. 10th, 1901.

THREE CASES OF DIPHTHERIA.

By C. J. WILKINSON, M.R.C.S., &c.

CASE I.—L. D., born June 17th, 1901, had a long prepuce with a narrow opening. It could be slipped backward with difficulty, and the nurse was warned to attend to it. As, however, "ballooning" continued and as micturition was accompanied by straining and crying, he was circumcised on August 5th, a director being passed along the top of the glans, and the prepuce being divided as far back as its reflexion. A small twist of lint soaked in iodoform emulsion was taken round the *corona*. The child at that time had slight diarrhoea. It was noted that the prepuce had begun to swell before the slight dressing was applied, and that the skin of the perineum and buttocks were in a sore and irritable condition.

On August 6th, the swelling of the prepuce was abnormal; it was not the baggy infiltration of loose tissue with which one is quite familiar after circumcision: but the swelling was indurated and the line of incision was dry and angry. The glans was livid and swollen. *Neither at this time, nor later, were the inguinal glands swollen.*

On August 7th and 8th, the same state of things persisted, with the addition of a clear gluey discharge from the edges of the incised prepuce. Carbolic oil was now used as a dressing, under the impression that the iodoform might explain the behaviour of the wound. Slight diarrhoea with mucus led to the prescription of *mercurius sol.* On the 8th the child had difficulty in micturition, the meatus being "glued up" by the tenacious discharge, which had to be softened and stripped off with a pair of forceps.

On August 9th the child was obviously very ill. The temperature was slightly above 99°, the pulse fast and feeble; he took food badly, some diarrhoea continued. The swelling of the prepuce was so great that it was everted in indurated rolls, and presented the appearance, though not the consistence, of unrelieved paraphimosis. The induration was so great that the glans was becoming strangulated, so the incision was prolonged a little backward to free it; some grey sloughs were removed from the originally cut surfaces and the dressing was changed to perchloride of mercury. Five minims of brandy were

ordered with each bottle, and the child was to be placed sitting in a foot-bath filled with a warm solution of biniodide of mercury (1 in 5,000), four times in twenty-four hours. A few days later a swab was examined for Klebs-Löffler bacilli, with a negative result.

The cause of all this trouble remained obscure. The possibility of the circumcision wound having been contaminated with syphilitic or other infection, having been attacked by some microbe from the diarrhœic stools or from the urine, were considered. The instruments used throughout had been clean, there was no suspicion of syphilis in any of the persons concerned; the urine was non-albuminous and free from blood. It was subsequent occurrences to be afterward related which solved the problem.

For many days the condition of the child remained grave, but gradually resolved itself and improved. Early in September there was a fresh rise in temperature, and some bronchitis following "overflow" vomiting after food; the cry then was markedly weak, however, and some return of food by the nose was observed. This was due to post-diphtheritic palatine paralysis, and the bronchitis probably originated from food having got into the respiratory passages. L. D. escaped with the loss of his entire prepuce.

I have since learned that diphtherial infection of circumcision wounds is an uncommon (but not exceedingly rare) occurrence among out-patients at Children's Hospitals. My informant had seen three cases, in the last of which the penis sloughed off entire, and the child died. This the condition of my patient makes it easy for me to understand. I attribute the better result of this case to the early and persistent use of the biniodide baths, prescribed (in the absence of any working diagnosis) upon purely symptomatic considerations.

CASE II.—On August 17th, M. D., aged two years and two months, sister of the forementioned patient, became feverish and sleepy. She had a temperature of 102° , with a rapid pulse; there were some large, very vivid red blotches on the skin, with the beginning of shotty papules in the centre. Though the blotches were unusually large, I should not have been astonished to find a rash of varicella next day. Instead of this, however, there was tonsillitis on the left side, with a small patch

of membrane and an enlarged gland in the neck. A swab was sent to the Clinical Research Association, and the Klebs-Löffler bacillus was recognized.

Mercurius cyanide 3x was given internally, as well as in a carbolized spray. The membrane appeared on the right tonsil two days later, and involved the uvula. The progress of the case was for a time very satisfactory, though the child resented the use of the spray. The temperature and the pulse fell; the volume of the latter increased; the membranes disappeared, and everything appeared to point to an easy and rapid convalescence.

But early on Monday, August 25th, a long drought ended in a torrential rain, and, at about 1 a.m., some gallons of filthy black, and malodorous sewage were forced from the outlet of a back-kitchen sink in my patient's home, and the floor of the basement was inundated with it. It was the stench of this invasion which called the nurse's attention to it from two floors higher up.

The little girl *at once* relapsed. The temperature and pulse rose, membrane appeared on the right tonsil, the uvula and the posterior pharyngeal wall; the breathing became and remained somewhat "croupy," and (though there was as yet no sucking in of the neck and costal cartilages) the outlook became ominous.

On the morning of the 27th there was well-marked inspiratory stridor, the soft structures of the chest wall and of the abdomen were drawn in forcibly by the effort of inspiration, and there was free perspiration. There was a curious absence of cyanosis, and the patient was content to remain recumbent. A friend in consultation recommended intubation in preference to tracheotomy, pointing out that this milder and easier measure left tracheotomy still possible, if it were called for. He told me also what I believe is not generally known, that the statistics of intubation since the introduction of antitoxin, are infinitely superior to those before that time. For those who have seen both procedures and their sequels, there can be no doubt which of the two is preferable in both the active and passive voices. The patient having been *very carefully* pinned down in a double blanket, was seated on a nurse's knee; a gag was inserted and held (together with the patient's head), by a second assistant. O'Dwyer's tube of a size appropriate to the child's age

was fitted on to the introducer, passed into the mouth, and, guided by the left forefinger pressed against the base of the epiglottis, was very easily passed through the *rima glottidis*. A double silk thread, passed through a hole in the flange of the tube, is brought out of the left angle of the mouth and retained in position by two strips of plaster on the left cheek. It appears advisable to keep the left forefinger in the pharynx until the first natural explosive efforts to expel the tube by coughing are over. A full dose of antitoxin was at once given, and repeated that night. The tube was allowed to remain *in situ* for forty-eight hours, and all anxiety as to laryngeal complications were over at the time of its removal. The child was fed while the head was thrown well back; in this an infant's feeding-bottle was very useful. The pinned blanket was kept in position until the tube was removed. Her convalescence was slow but satisfactory. The only noteworthy episode was some slight and transient paralysis of the right hand.

This case has appeared to me as worthy of being recorded on account of the distinct relapse which occurred. It is well known that the immunity conferred by an attack of diphtheria is brief. The advocates of prophylactic serum-therapy recommend its frequent application. I have myself had experience of cases in insanitary surroundings in which the specific bacillus was found for seven and eight weeks after the membrane had disappeared, reason for inferring that they were not by that time capable of re-infecting their involuntary hosts. Cases in which diphtheria occurs twice or more in the same patient are not uncommon. Dr. Epps has reported a case in the *Review*¹ in which tracheotomy was twice necessary within three months. But true relapses are uncommon, and in this case the opportunity for a fresh bacterial invasion was obvious.

The question of giving or withholding antitoxin is one upon which one would be sorry to make a mistake. The evidence from America inclines me to believe that it is the preservative addition of carbolic acid that gives antitoxin its value. The homœopathicity of carbolic acid to diphtheria is not difficult to see. If I had (*quod diu avertant*!) a larger experience of diphtheria than I have or desire, I should be tempted to try the injection of

¹ See *Monthly Homœopathic Review*, vol. xlv., p. 293.

antitoxin and of a carbolic solution of equal value in alternate cases, giving the indicated drug treatment to all, by way of solving this question. The success of the antitoxin in arresting a case very prone to go wrong was quite clear to all who saw it, whichever of its constituents was the cause of it.

CASE III.—I mention the case of Mrs. D., mother of the foregoing patients, partly because she suffered her second attack of diphtheria within three years, and partly because her attack was a particularly mild one, although she received infection from the same source as the two severe cases, and was worn out by previous nursing and a recent confinement. She was taken ill on August 20th, and rapidly developed membrane on both tonsils and the uvula. The temperature was never very high and the membrane soon disappeared under mercurius cyanide both internally and as a spray. At the end of the second week there was abolition of patellar reflex on both sides with some slight loss of power. Under gelsemium ϕ this condition cleared up without fully developing itself. Her convalescence was rapid and complete.

REVIEWS.

Practice of Medicine, containing the Homœopathic Treatment of Diseases. By PIERRE JOUSSET, M.D. Translated from the third revised and profusely enlarged non-published French edition, with valuable additions and annotations by JOHN ARSCHAGOUNI, M.D. New York: A. L. Chatterton & Co.; London: E. Gould & Co.; pp. 1,115; £1 18s.

READERS whose duty or pleasure compels them to follow the work of contemporary homœopathic physicians in foreign countries need no introduction to Dr. Jousset, whose position as President of the recent Homœopathic International Congress has made him known and respected in a circle even larger. His physicianship to the Hôpital Saint Jacques in Paris has given him great opportunities for scientific research as well as for immense clinical experience, and he has used his opportunities so well that his name bids fair to be enrolled among the great ones of our school of practice. The announcement that a revision and extension of his *Practice of Medicine* (the

second edition of which appeared in 1877) was to see the light in an English translation, has naturally aroused interest and expectation.

The first point at which the attention of a reviewer is likely to be arrested is Chapter V, devoted to syphilis. Dr. Jousset, varying herein from the views commonly held on the subject, classifies the varieties of syphilis as of "(1.) the *benign*; (2.) the *malignant* or *phagedenic*; (3.) the *common*; (4.) the *hereditary*; (5.) the *epidemic* type," the benign type representing soft chancre: for he holds that "The division of syphilis into two forms, *soft chancre* and *hard chancre*, has been attempted. But these two manifestations of syphilis originate from the same morbid species, and clinical experience has demonstrated by facts, which up to the present are incontestable, first, that soft chancre can produce hard chancre, and *vice versa*; second, that soft chancre can exceptionally be followed by secondary accidents, the same as hard chancre." Though we confess that the evidence by which it is sought to establish Lustgarten's bacillus as the *causa causans* of syphilis has never struck us as absolutely convincing, yet we can conceive theoretically a variety of venereal infections, and there are differences between the results of various cases of such infections as makes Dr. Jousset's classification a difficult one to accept. This view is not inconsistent with a full recognition of a simultaneous mixed infection from the viruses of both chancroid and syphilis *vera*, a recognition which, as it seems to us, provides amply for the difficulties which Dr. Jousset sets up against regarding hard and soft chancres as distinct morbid entities. Moreover, our author says later (page 58) of his benign form that "it is *never* followed by constitutional symptoms, but it is contagious and auto-inoculable during the whole of its course," and he prescribes a treatment entirely local, reserving the exhibition of drugs for the threat or occurrence of suppuration in the glands.

But the subject of syphilis is a large one, and there is room for a great difference of opinion concerning it. A Practice of Medicine, the author of which had no views of his own, would be but a dull and unprofitable production, and this is a charge which could not justly be brought against Dr. Jousset's work.

Dr. Arschagouni has modestly described himself as the translator of this work, but he has not kept himself within the bounds of that description; for he has throughout the book enriched it with comments and additional annotations (culled mostly from the wide field of American homœopathic journals) which add greatly to its value and interest. With regard to the translation itself we may speak highly, though here and there we have met with phrases in which the French original

is clearly discernible, while "Americanisms" abound and the spelling is of that semi-phonetic character which obtains across "the streak." Space would fail us if we attempted anything in the form of a detailed criticism of this great book. It would therefore be better that we should express our general conclusions than that we should "grow to them" by a process of analysis or even of illustration. The author and the translator have co-operated in the production of a "big book" which cannot be looked upon as a "big evil." Though now and again we find views on pathology which we can scarcely endorse, they are never views without something in their favour. The classification of various forms of a disease is often very different from that familiar to us, and it does not always command our approval. But, in the multiplicity of systematic treatises, it is unlikely that this one will be chosen as the sole one for the study of medicine in its wider sense. What is much more important is that in all which goes to the making of a homœopathic guide to the selection of the right drug for an individual case, Dr. Jousset and Dr. Arschagouni have shown themselves wise and practised in choice, terse but sufficient in indications, and liberal in their views. The translator says in his preface: "It is entirely a clinical work, concisely written and especially is the therapeutic portion up-to-date, being accompanied by the characteristic indications of each drug in each case, and the doses, as ascertained by bedside practice, ranging from the crude drug, the ϕ , up to the 200th potency," and this promise is borne out in the succeeding pages. It follows that this is a work which will win its way first on to the book-shelf of the careful physician and then with increasing frequency into his hand. With a fair general knowledge of drug action the reader will be often spared an exhausting repertorial hunt.

Hay Fever and Catarrh of Head and Nose, with their preventive and curative treatment. By E. B. FANNING, M.D. Philadelphia: Boericke & Tafel, 1901, p. 166, 75 cents.

DR. FANNING writes his treatise from the point of view of a sufferer from the disease of which he treats. This point of view is advantageous or otherwise according to the mental breadth of the observer. The man of broad mind can scarcely go too far back toward first principles in his search for cause and cure. The man of more restricted outlook, of less scientific mind, tends to regard his own case as presenting sufficient

material for the investigation of etiology and to restrict his search for curative agents within the bounds of his preconceptions.

Such are the reflections which a careful reading of the book under notice have suggested. From the place (p. 9) where he says: "The text-books gave me no information; in fact they seemed to almost ignore this one very important affection," a running and, in part, involuntary contrast was set up between Dr. Fanning's present volume and the great work of Blackley *præ*, *Hay Fever, its causes, treatment and effective prevention: Experimental Researches*. Dr. Blackley, also, was a sufferer from hay-fever; but the Baconian turn of his great and enquiring mind has given to his work an enduring scientific value (though he himself would be the last to claim finality for his conclusions) which will cause it to be reckoned with so long as men continue to investigate its subject. This work appears to have escaped Dr. Fanning's notice; and we regret this, for the theory of causation which he sets forth seems poor and unsatisfying after the conclusions of the earlier writer, based as those conclusions are upon a series of patient and ingenious experiments.

Dr. Fanning gives his theory of the causation of hay-fever on page 15. After abandoning an idea that it was due to cerebral anæmia, "I became convinced," he says, "that it was not in the nerves at all, but in the blood. Then by studying my physiology and chemistry of these fluids, its action and changes under the action of certain of its chemical salts, also the effects of climatic and atmospherical changes, I learned that a lack of the chlorides and sulphates in the blood cells causes them to relax, and that an increase of the iron salts would cause them to contract again, and an insufficient supply of oxygen and an incomplete oxygenization of the blood in sultry or damp weather causes acid to form in this fluid, and as soon as this begins to take place the blood begins to relax, and as it relaxes water increases. This acid fluid penetrating every gland and tissue of the body, irritating the various membranes and glands, causing, as it does, watery irritating discharges from the eyes and nose, with violent, spasmodic sneezing, are a few of the many objective symptoms, to say nothing of the numerous subjective ones, gives some idea of what this circulating poison can produce."

We have thought it just to give this theory in the words of its author, as we may confess that it presupposes a humoral pathology of which we are ignorant.

Dr. Fanning deals at some length with the drug treatment of hay fever and catarrh, and classifies drugs as contractors, neutralizers, and contractors and neutralizers. Ferrum met.

is the only contractor. Arsenicum iod., ferrum iod. and ferrum sul. possess the double qualification, while the neutralizers are thirty-five in number.

It will be noted that, since the choice of drugs is based on quasi-pathological considerations rather than on the law of similitude, the wisdom of following it stands or falls according to one's appreciation of those considerations.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

SESSION 1901-02.

THE second meeting of the Session was held at the London Homœopathic Hospital on Thursday, November 7, 1901, at 8 o'clock. Dr. Burford, president, in the chair.

NEW MEMBERS.

Miss Octavia M. S. Lewin, M.B., B.S. Lond., of London, and Mr. Percy A. Ross, M.R.C.S., L.R.C.P., of the London Homœopathic Hospital, were elected members of the Society.

ENERGY: IN ITS RELATION TO DRUGS AND DRUG ACTION.

Under the auspices of the Section of *Materia Medica* and *Therapeutics*, of which Dr. Lambert is secretary, a paper bearing the above title was read by Dr. Percy Wilde, of Bath, of which the following is a short synopsis:—Some drugs act by chemical combination which involved certain physical conditions and relations of energy. Before energy could be liberated energy must be stored as potential energy. Diagrammatic illustrations were given of these foundation truths.

In *triturations* and *solutions* it was shown by diagrams and certain experiments of Dr. Wilde's own that drugs were prepared for the liberation of their energy in the organism, or for the organism to liberate its energy in relation to them, and thus drug effects were produced. Dr. Wilde showed that potential energy was gained both by trituration and solution when pursued according to definite quantity and law, and he gave physical demonstration of this point. He also brought out by comparison that such potential energy was characteristic of all substances under the conditions of the manifestation of their individual physical and chemical qualities, and that a knowledge of these was absolutely necessary if the actions of drugs on the organism were to be understood. He concluded by showing that "infinite" dilution was necessary before a large proportion of drugs could enter into chemical combination with protoplasm, and become sources of energy.

In a discussion which followed the reading of the paper, Drs. Dudgeon, Hughes, McLachlin, J. W. Hayward, Byres Moir, Mr. Johnstone, Drs. Madden, Pullar, Goldsbrough, Beale, and Jagielski, and the president took part, and Dr. Wilde replied.

NOTABILIA.

THE HEALTH OF THE KING.

"THE state of the health of His Majesty King Edward VII. has for months past been the subject of comment in certain American and Continental journals. Nearer home rumours of the most painful kind have been current for some time in commercial and social circles that have the reputation of being well-informed in political matters. The serious responsibility that rests upon journalism in approaching a question of vital interest, not only to the vast British Empire, but also to the world at large, might well account for the silence that has hitherto been preserved in English newspapers. That responsibility is not lessened, but many times multiplied, in the case of a medical journal. With a full sense of the difficulties and the delicacy of the situation, however, we feel that the time has arrived when a full statement of the facts relating to the illness from which His Majesty has recently been suffering should be laid before the nation. In view of the fact that a detailed account has been published of several surgical operations performed in rapid succession, we feel it is no longer possible to ignore the subject, however painful and pathetic the picture that it suggests. It is stated that papillomatous growths have on three occasions been removed from the left vocal cord, and that an immediate operation of another nature has since been rendered necessary. The anxiety and distress that these rumours must cause throughout the British Empire will be incalculable. It is probable that no English monarch has ever attained a securer place in the affection of his subjects than that which has deservedly fallen to the lot of our present King. Under these circumstances, therefore, it seems right and proper that the national anxiety should be at once met with a clear official announcement as to the truth or otherwise of these distressing reports."—*Medical Press and Circular*, October 30.

The "*Lancet* has every ground for stating that recent rumours concerning the health of the King are entirely without truth or foundation. His Majesty is in good health, and has undergone no operation whatever."

We join with all his subjects in the hope that the rumours alluded to above are without foundation, and in the prayer that the health of our King may long be spared to the long-distant completion of a reign auspiciously begun.

NEW METHODS IN THE TREATMENT OF THE INSANE.

By SELDEN H. TALCOTT, A.M., M.D., Ph.D., Middletown, N.Y.

PROBABLY no class of sick people has ever been more thoroughly misunderstood or more cruelly maltreated than the insane. When it was thought that mental disorders arose from a possession of the devil, then malignant cruelty administered the treatment by means of thongs, scourges, and chains. For thousands of years the insane were treated with marked and positive brutality, simply because those who took care of them did not know the nature of the malady. During the past one hundred years a marked change has occurred in the treatment of these people. This has been brought about by a better understanding of the nature of mental disorders.

One hundred years ago Pinel struck the chains from the limbs of maniacs at the Salpêtrière in Paris. He substituted humane treatment for cruelty. But we read little of his work in the line of medical, or dietetic, or other hospital means. Pinel simply relieved the insane of some of the horrors which had previously prevailed in their treatment.

In this country, Dorothea Dix, more than fifty years ago, made an attempt to substitute humane treatment for cruel treatment, and generous asylum care for prison and workhouse methods. In this attempt she partially succeeded and her name is deathless among the famed ones of earth.

During the past twenty-five years hospital methods have, in some institutions, taken the place of prison, workhouse and asylum methods in behalf of mental invalids. It is now a recognized fact that insanity is a departure from the normal mental status, and that this departure is due to some diseased condition of the brain or nervous system. Acting under this modern and enlightened theory, the insane are beginning to receive hospital care, for the purpose of effecting their restoration to health if possible.

The "hospital idea," which is new, original and scientific, comprises the administration of thoroughly proved and carefully selected remedies for the cure of disease by skilled and experienced alienists. It also affords rest treatment for those who need it. At the Middletown State homœopathic Hospital the rest treatment has been applied for more than twenty-two

years and with marked success. At first patients suffering from melancholia were favoured with this form of treatment, but now it is administered not only to cases of melancholia, but also to patients suffering with mania, dementia and paresis.

In the majority of cases patients who are favoured with rest treatment will remain quietly in bed when afforded the opportunity. There is now and then a case which must be made to remain in bed and prevented from injuring either himself or others. Twenty-five years ago, in many of the asylums in this country, there were used strong wooden cribs for restraining the violent insane; also ankle and wrist straps of leather and iron, together with the old-fashioned strait-jacket. Now a patient is kept in a prone position by the use of a "protection sheet," which consists of a light canvas waist and a sheet which covers the bed, except where the head of the patient rests. If the patient is restless and likely to chafe the knees, then long stockings should be put on, or some lint may be placed over the knees and bandages applied. This form of protection is preferable to chemical restraint, because when heavy doses are administered by hypodermics or other means, the effects of the drug cannot be controlled by the attending physician. On the contrary, these heavy doses, if often repeated, will continue their deadly work of driving the patient into dementia.

Patients receiving the rest treatment require proper and skilful nursing. The law requires the establishment of a training school in every New York State hospital, and this leads naturally toward general hospital care, which is so necessary for the proper treatment of mental invalids.

When patients are receiving the rest treatment under the hands of trained nurses the question of diet naturally excites much attention. The food taken by patients in bed necessarily differs in some ways from that required by those who are up and dressed and exercising or working. The object of the rest treatment is to retone the entire nervous system of the patient and to rebuild the wasted tissues of the body. A hot liquid diet, consisting largely of milk, affords the best possible means for physical recuperation. The restoration of the physical health is the first step recognized as a necessity now in the cure of insanity. In addition to hot milk we give beef tea, broths of various kinds, stimulating soups, grain foods, and some of the concentrated preparations which are found in our American markets. Some of our most delicate patients are given the whites of eggs whipped up in milk.

A few years ago while in Belgium I visited the Hospice Guislain, in Ghent, and there had a long conversation with Dr. Jules Morel, the celebrated physician in charge of that institution. He ascertained the fact that we used only homœopathic

medication at Middletown, and asked what was our leading hypnotic. I replied, "hot milk." He said he had never tried that, but that it seemed to him it might be very effective. A few months later, Dr. Morel secured my election as an associate member to the Society of Mental Medicine in Belgium, an honour which came unanimously from an old school society in Europe to an avowed Homœopathist. That society has come to appreciate the benefits of hot milk in the treatment of the insane.

When a patient refuses to take nourishment then we have to resort to forced feeding. The old-fashioned method of forced feeding was by means of a wedge and a large and slightly flexible stomach tube introduced through the mouth. The wedge, inserted between the teeth and opened by means of a screw, was often an injurious appliance. Sometimes the teeth were broken and sometimes the mouth was lacerated by the implement in the hands of vigorous attendants who were trying to overcome the resistance of a violent patient.

Recognizing the necessity for an improvement in the method of forced feeding, Dr. N. Emmons Paine, while acting as an assistant physician at the Middletown State Homœopathic Hospital in 1879, devised a modification of Nélaton's soft rubber catheter. This invention came to be known as "Paine's Naso-Stomach Feeding Tube." This tube is passed through the nose and into the stomach with very little difficulty, the only precaution necessary being that of making the tube enter the stomach instead of the lungs. If it should happen to pass into the trachea, the expulsion of air from the lungs through the tube would quickly disclose the situation.

After the benefits of the treatment described have been secured as far as possible, then come naturally exercise, occupation and amusement. These are all carefully considered in the light of modern science, and are applied in accordance with the dictates of experience and acquired skill. Probably no exercise is more beneficial to sane or insane than proper breathing. Any form of exercise that stimulates the active use of the lungs will benefit the general health of the patient and aid in the purification of the blood and in the stimulation of the human mind.

Homœopathic medication by skilled alienists, prolonged rest in bed, the application of a suitable and abundant dietary, the use of the soft rubber naso-stomach tube for those who refuse food, the use of the protection sheet when necessary, care of the skin by warm baths, oil rubs, alcohol sponge baths and massage; the equalization of the circulation by exercise and proper breathing for the purification of the blood—these are some of the new means, original and scientific, which have

been and are being applied steadily at the Middletown State Homœopathic Hospital during the past twenty-five years ; and they represent, in part, the progress which has been made in applying more and more fully the advanced means for the care of the insane in accordance with what is now known as the "hospital idea."—*The North American Journal of Homœopathy*.

POISONING BY BROMOFORM.

THE material towards a pathogenesis of bromoform is scanty, consisting of one experiment upon a rabbit by Glover, and of a poisoning case, both reported in the *Cyclopædia of Drug Pathogenesis*. The following three cases of accidental poisoning by this agent are, therefore, worthy of record. They are reported by Dr. Darling, of Edinburgh, and by Dr. Stokes, of Chard, in the *British Medical Journal* for May 26 and June 2, 1900, respectively.

"Cases of poisoning by bromoform are somewhat rare, and as this drug is frequently used in the treatment of whooping-cough the following may be of interest :—

A number of children in the same house, and of nearly the same age, were being treated by me for whooping-cough with $\frac{1}{2}$ -minim doses of bromoform three times a day, suspended in mucilage of tragacanth. When called to two of the children about 12.30 p.m., I found them unconscious, lying side by side, with breath smelling strongly of bromoform, with faces pale, eyes closed, pupils contracted, and limbs flaccid. The respiration was feeble in the elder child, aged 4, and stertorous in the younger, aged 2 ; about 12.40 p.m. respiration ceased in the younger child, and artificial respiration was resorted to, and a few minutes later artificial respiration had to be resorted to for the elder. I gave each of the children about half a tea-spoonful of brandy hypodermically, and then three injections of strychnine each at intervals of fifteen minutes, to the elder $\frac{1}{160}$ th of a grain, and to the younger $\frac{1}{160}$ th of a grain each time. I thoroughly washed out their stomachs two or three times with hot water, followed by strong coffee, some of the latter being allowed to remain in the stomach. The younger child rallied first, and began to breathe spontaneously after an hour and a half's artificial respiration. The interval was about the same in the case of the older child, but he remained drowsy and stupid for some hours. According to the nurse's account

the children had their doses about 8 a.m., but these were the last in the bottle. Shortly after this they were put to bed, and on being awakened about 11 a.m. they were giddy and confused, and staggered in their gait. From this time onwards the symptoms gradually developed until 12.30 p.m., when I arrived.

The bromoform must have accumulated at the bottom of the bottle through its not having been properly shaken up each time; but even on this hypothesis it is hard to see how the children could have had more than 3 or 4 minims each of pure bromoform in a dose of a teaspoonful."

"On the morning of April 6, 1900, I was urgently called to J. H., a girl aged 6 years, who had, at 8.30 a.m., in her mother's temporary absence from the bedroom, swallowed 3jss of pure bromoform. She had taken a liking to it through having 2 drops on sugar thrice daily for whooping-cough. Immediately after swallowing the drug the child was observed to walk to the parlour for breakfast as if intoxicated, and then suddenly become unconscious. The parents meanwhile, having smelt the bromoform in the breath, very properly administered 3ij of mustard in half a cup of water, and as this had not the desired effect, 3j of ipecacuanha wine was given.

When Dr. McChayne Miller and I arrived shortly afterwards, we found the child extremely collapsed, and almost moribund. We could feel no pulse at the wrist, but the heart was beating very irregularly, about 120. The respirations were very shallow, about 8 a minute, and the breath had a strong odour of bromoform. There was a marked lividity of the face and lips; both pupils were pin-point and did not react to light, and there was no conjunctival reflex.

We at once washed out the stomach by means of a No. 11 rubber catheter with tube and funnel attached. The fluid returned smelt strongly of bromoform, and we continued lavage with warm water and sodium bicarbonate for an hour and a half, until there was no longer any smell of the drug. We then washed out without Condry's fluid, and gave some strong coffee and sal volatile both by the tube and *per rectum*. Sinapisms had also been applied to the precordia.

The pulse gradually improved, and the heart became regular. The pupils appeared now more normal, and even at times dilated, but unless we kept rousing the child they were apt to contract again. At 11 a.m. there were signs of returning consciousness, but there was the greatest tendency to sleep. At 11.30 the child was able to answer questions, the words at first being drawled out very slowly. I was able to leave the child in the parents' charge by 11.45, but she had to be kept from sleeping during the whole day. Her stomach did not

retain anything till evening. Next morning she was in her usual health, and able to enjoy her food.

Regarding the amount of the drug taken (3jss), I can vouch for it myself, as the 3ij bottle had been renewed the previous evening, and there was only 3ss remaining in it."

A CASE OF WASP-STING.

THE following case is reported by Dr. Parry Wilson, of Youlgreave, Derbyshire, in *The Lancet* (October 26th):—

"In the late afternoon of Sept. 4th, 1901, I was summoned urgently to the case of a boy, aged 15 years, who had been stung by a wasp, and, my messenger added, 'it was flying all over him.' Being accustomed to eccentric messages from excited villagers who are anxious about their sickly friends, I paid little heed to the nature of the message, though, of course, going at once to see the patient. I found him lying in bed with a red face, swollen lips, and much swelling, too, below the eyes. He was scratching himself with great vehemence, and an examination of his trunk, arms, and legs revealed as typical an urticaria as one could ever wish to see. The history of the case was as follows: He had just finished his tea and was washing his hands, when a wasp, which was in a somewhat lethargic condition, dropped into his basin and stung him on the ring finger of the left hand. Before he had finished his ablutions he was obliged to run to the closet so that he might be able to scratch himself to his heart's content, as he told me his whole body was in a terribly irritable condition. While examining him he complained of sickness and immediately vomited the contents of his tea. His temperature was 96.8° F., and his urine which he passed about two hours after was loaded with phosphates and contained also a trace of albumin. I gave him a simple mixture of salicylate of soda, carbonate of soda, and bismuth, and the following morning the rash had entirely disappeared and, with the exception of the swollen finger that had been stung, he felt himself ready for his work again.

"Two points of interest seem to attach themselves to this case. Firstly, from both personal observation and also from reference to the literature on the subject it would appear that general eruptions are exceedingly rare after wasp-stings; and, secondly, the suddenness of the onset of the rash after the sting had been inflicted is also peculiar and seems to be indicative of a hypodermic injection of some toxic substance which might have been imparted with the sting. May it not be within the range

of probability that there is in existence an urticaria-producing bacillus which may take its place among those myriads of bacilli which, though at present 'undiscovered,' are markedly suspected of being the causation of certain so-called 'idiopathic' affections?"

General urticaria as a sequel of wasp-sting is not unknown. A case of the sort was reported by Dr. E. Blake in 1875.¹ Nor do we think it necessary to call in the ubiquitous "undiscovered" bacillus to account for the phenomenon. The venoms generally, including those of the bee, the wasp, the poisonous spiders, and the serpents, have the property of rapidly diminishing blood-coagulability. A glance through the pathogeneses of these substances will show that a considerable proportion of their drug-symptoms are explicable in this manner. Urticaria has long been recognized by Professor Wright, of Netley, as a serous hæmorrhage due to defective coagulability; and the actual occurrence as well as the proclivity to it can be cured either by drugs (such as the lime salts) which have the primary action of varying the coagulating power of the blood, or by sufficiently small doses of drugs which in poisonous quantities have the opposite effect. As a reminder of this latter action of *vespa* Dr. Parry Wilson's communication is valuable.

FERRUM PICRATE IN A CASE OF ANÆMIA INFANTUM PSEUDO-LEUKÆMIA.

BY E. R. JOHNSON.

I HAVE a somewhat mixed task in presenting this subject. I have first, an extremely interesting and rare disease to describe briefly; second, to speak of the pathogenesis of a certain drug; third, to show you how similar are the disease and the remedy; and fourth, to relate briefly the happy results of the use of this medicine in a case which I have to report to you.

Anæmia infantum pseudo-leukæmia was first described by Von Jaksch in 1889. It is a disease of infancy, characterized by marked deficiency not only of the red corpuscles, but also of hæmoglobin; considerable leucocytosis; marked splenic enlargement; at times enlarged lymph glands; slight enlargement of the liver. Luzet adds to these observations by further noting the large number of nucleated red corpuscles, many of which are undergoing mitosis. According to his statistics, it was met only once in 1,500 cases of anæmia under two years. He thinks it does not occur after two years of age. The above

¹ *Monthly Homœopathic Review*, vol. xix. p. 418.

is taken most largely from Rotch, who concludes as follows : " As a result of my investigations of a considerable number of cases of anæmia of every grade in young infants, it seems to me we have arrived at a degree of knowledge which justifies us in making a diagnosis in certain cases of anæmia infantum pseudo-leukæmia. The course of the disease varies. All of my cases have proven fatal, without any apparent complication."

Holt, of New York, speaks particularly of the reduction in hæmoglobin and increase of leucocytes, which may be as high in proportion to red discs as 1 to 30. In one case it was 1 to 12, but rarely higher than 1 to 75. There are many microcytes, erythroblasts, and megaloblasts; the larger proportion in which they appear, the more immediately fatal the case will prove.

Briefly, then, the characteristics of this disease are : Deficiency of red discs, deficiency of hæmoglobin, increase in white corpuscles, presence of nucleated red corpuscles, splenic enlargement. Prognosis, fatal.

So far as I can find, there is no literature to be found in any materia medica upon ferrum picrate. I find in Hempel and Arndt an article from the pen of Dr. S. A. Jones, who claims that " picric acid retards oxidization. The red corpuscles succumb to the deleterious influence of picric acid, fatty degeneration of its contents ensues, its colouring matter is set free, and it is no longer capable of carrying the oxygen to the tissues." Dr. Erb speaks at length upon the remarkable effect of picric acid on the blood. He states that the blood of those animals upon which it was used was of a dirty brown colour, with distinct nuclei in the red blood discs. This is accompanied by a large increase in the number of white corpuscles.

The action of iron on the blood is so well known that any reference to it may seem unnecessary, but the following I have taken from Coperthwaite : " Ferrum acts pre-eminently upon the blood in such a manner as to produce a debilitating and disorganizing effect upon the entire system. It at first, and for a short time only, vitalizes the blood and increases the red corpuscles ; but soon the watery portions of the blood are increased, the albumin is decreased, and the number of red corpuscles diminished." Briefly, then, picric acid and iron cause degeneration of the red discs, a decrease of the colouring matter, an increase of the white corpuscles ; and under their use distinct nuclei may be seen in the red discs.

Without going further into the minutiae of the symptomatology of this disease, or the finer points of the pathogenesis of the drug, let me call your attention to the important points in which the homœopathicity of this remedy to this disease is shown *par excellence* :—

Anæmia Infantum Pseudo-

Leukæmia.

Oligocythæmia.
Oligochromæmia.
Leucocytosis.
Nucleated red corpuscles.
Mitosis.

Ferrum Picrate.

Deficiency of red corpuscles.
Deficiency of hæmoglobin.
Increase in white corpuscles.
Distinct nuclei to be seen in red discs.
Degeneration of the nuclei.

October 18, 1896, I was called to see Russell Cook, aged four months; only child; bottle-fed baby. Family history negative; patient plump but anæmic; colourless lips and gums; irritable; cries much of the time; suffers with indigestion and constipation; cries and strains at stool; extremely foul odour of stool; large abdomen; upon examination a large tumour of firm consistency is felt through the abdominal wall on the left side, protruding from under the margin of the ribs and extending down to within a finger's breadth of the crest of the ilium, and toward the median line to within two fingers' breadth from the umbilicus; slight enlargement of the liver. Examination of the blood by Dr. F. F. Strong, reveals: Rate of leucocytes to red discs, 1 to 30. Normal red discs, 70 per cent.; microcytes, 20 per cent.; poikilocytes, 8 per cent.; megaloblasts, 1.5 per cent.; normoblasts, 5 per cent. Of the leucocytes: neutrophile cells, 20 per cent.; large mononuclear or basophile cells, 60 per cent.; eosinophile cells, 10 per cent.; small lymphocytes, 5 per cent.; mast cells, 5 per cent. Diagnosis, anæmia infantum pseudo-leukæmia.

November 15, ferrum picrate, 2x, five grains daily, was prescribed. This was continued until into January, a little before the next examination, of which I will speak in a moment. Modified cow's milk was given, to which was added one teaspoonful of carnogen per day. Carnogen, as doubtless you are all well aware, is a combination of red marrow, pure ox blood, and glycerine. I believe this did much toward the general nutrition of the red blood corpuscles. But I cannot believe it was the curative agent in this case.

February 1, I received from Dr. Strong the following report of a specimen sent to him at this time: "Red discs normal, except for a few microcytes and normoblasts; moderate leucocytosis. Blood seems almost normal." At this time the spleen had decreased about one third since November 15. The colour was not what I should call perfectly normal, but the anæmic appearance had disappeared very largely. The little patient had become a happy and apparently healthy child.

April 1, 1897, another report from Dr. Strong states: "Red discs normal except for a few microcytes and a very few megaloblasts. Rate of white cells to red, 1 to 150. No apparent tendency to relapse. The examination warrants favourable prognosis."

A fifth examination, the exact date of which I cannot give you, but I think it was made in July, gives the rate of white corpuscles to red discs as 1 to 200.

One point that we must not lose sight of in this case is the rate of the leucocytes to the red corpuscles, namely, 1 to 30. I can find but one other case on record of a higher rate, and this is 1 to 12. Holt gives the average case as 1 to 65 or 75. In health it is about 1 to 300. In our April report we find it 1 to 150. This is quite a change from 1 to 30 in four months, and two to three months later the rate is found to be 1 to 200. All cases previously have proven fatal whether the proportion was 1 to 100 or 1 to 65, while this case, with as high rate as 1 to 30, has recovered under the homœopathic remedy.

Holt speaks of Monte's twenty cases in which four proved fatal. He states that sixteen were secondary to rachitis and one secondary to syphilis. Taylor, of Philadelphia, who writes upon this subject in the supplement to *Reiting*, disposes of the whole matter by saying that the mortality has been 20 per cent. Not finding much literature on this subject, I wrote to Dr. Taylor last week, asking where I could find something on this disease besides what I had found in Rotch's "Pediatrics" and in Holt. But I have not heard from the doctor, and doubt not he drew his conclusions from Monte's cases. If so, I am forced to conclude that the mortality of this disease is not 20 per cent. as he states, but that this has hitherto been a fatal disease in every case of primary anæmia infantum pseudo-leukæmia. If the disease is secondary to rachitis, the mortality must be the same as rachitis, which is *nil*. If secondary to syphilis, should it be higher? I think not. Now this case was unquestionably not secondary to any of these diseases.

Dr. Rotch, in closing his article on "Anæmia Infantum Pseudo-Leukæmia," in reference to the treatment says: "The treatment of this disease with or without iron, arsenic, or other drugs, is well known to be ineffectual." Whether or not we believe that ferrum picrate has proven victorious over this disease we have but this one case, which will stand as so much evidence only to be proven by the test of many cases.

Let me say in closing that the selection of this remedy for this particular case was made by Dr. Percy.—*New England Medical Gazette*, November, 1900.

SPIGELIA FOR SYMPTOMS DUE TO THE PRESENCE OF WORMS.

THIS remedy was introduced some time about the year 1748 as a medicine for destroying intestinal worms; and the old

school is content even yet to know such a valuable remedy as a vermicide. Hahnemann, by provings, extended its field of usefulness, and precisionized its indications. Dr. Wm. Boericke has written a very helpful article showing its wide sphere of usefulness in therapeutics when selected according to law. (*Medical Century*, Sept.) *Spigelia* is a remedy for the symptoms due to the presence of worms, especially in strumous, feeble and precocious children. You will find in such cases that it will dissipate quickly such symptoms as fever, dry, hot skin, constipation, capricious appetite, and nervous irritability or timidity. Such a child may refer much of its distress to the region of the navel (the similarity to *cina* will be noticed). It will prove beneficial in disordered states which *simulate* helminthiasis. In short, then, *spigelia* cures because it has the power of producing the symptoms commonly met with in cases such as we have described. (From large doses of *spigelia* we notice: Dilated pupils, flushed face, quickened pulse, heat and dryness of the skin, spasm of the facial muscles, convulsions, itching of the nares, nausea rising into the throat, burning red cheeks and lips, and marked abdominal pains.)

Dr. Stille, an acute old-school observer, mentions the fact that there is a state of intestinal derangement presenting all the symptoms of lumbricoid *ascarides*, which is most frequently observed among strumous, feeble children. Then he mentions a list of symptoms quite similar to those found in the pathogenesis of *spigelia*, and winds up by announcing that "these symptoms are often dissipated by *spigelia* without causing the discharge of any worms." Thus does the dominant school unconsciously (?) testify to the truth of *similia*. Dr. Boericke calls attention to the fact that the provings of all anthelmintics show them capable of *causing* all the so-called "worm symptoms." This they do by acting as irritants to the intestinal tract, and arousing reflex irritation as well as a direct irritant action on the brain and cord. They are, therefore, all homœopathic to worm symptoms, whether caused by parasites or other irritants in the intestinal canal. Both methods of administering the remedy—the large dose of the old school and the minute dose of the new—are rational procedures. The only advantage of the large dose being, the *immediate* removal of the worms and consequent disappearance of the reflex symptoms. But, at best, this is but a *palliative* effect, for the condition of the system producing the favourable ground for the existence of the parasites remains unchanged. On the other hand, the minute dose of a properly selected homœopathic remedy acts *permanently* and *curatively* by changing the constitutional defects, giving rise to the favouring conditions of worm life.

To accomplish this desirable end, the physician must treat his *patient* upon the totality of symptoms, rather than for the name of any particular disease.—*The Hahnemannian Monthly*.

KALMIA IN THE LIGHTNING PAINS OF LOCOMOTOR ATAXY.

DR. CARTIER, in an interesting article on Kalmia in the *Revue Homœopathique Française*, writes as follows :—

Its pathogenesis specifies a moving pain in the region of the cervical vertebræ which suggests the idea that it must act on the spinal marrow. Clinically it is no longer a mere supposition but a certainty that kalmia has an evident action on the cord.

One finds an indication for kalmia in lumbar pains generally, but I have not found its name in the list of drugs for locomotor ataxy; but I have materially benefited three cases of *tabes dorsalis* by means of this medicine. In the three cases I speak of the tabetic symptoms were absolutely clear, and the action of kalmia will be well established when I state that I treated these three patients with this one drug only.

The first was a patient at the Hôpital Saint Jacques, who had come out of the Salpêtrière, where a diagnosis of locomotor ataxy had been made; beside that, nothing was lacking for such a decision. The poor fellow came for advice to Saint Jacques with great difficulty, supported on crutches, and his legs often cut the crutches from under him. He was given kalmia 6, ten drops a week for *three months*. At the end of three months the man had no lightning pains and he came to the clinic on two sticks; the improvement was specially marked in the disappearance of the lightning pains. Summer coming, I discontinued my clinic and lost sight of the patient.

The second case was in a man who had not had syphilis, in whom kalmia rapidly brought about a stoppage of the lightning pains. The gait was not so much affected as in the first case; the *tabes* was at an earlier stage.

The third patient was constantly under treatment for five months, and he, too, was non-syphilitic. The lightning pains were most marked in the legs and big toes; they were terribly acute and made sleep impossible; there was no girdle-pain. Kalmia produced the same effect in this third case. At first the leg pains grew less, then they ceased. The toes remained painful for a longer time; I tried other remedies but had to come back to kalmia, and it finally dislodged the pains from the toes also. There remained some feebleness of the legs, but no pain. The patient could walk further and with less fatigue.

Certainly these three observations establish the action of kalmia in the lightning pains of tabes; they are incomplete, but it is no small matter to possess a remedy which can modify so favourably a lesion of the cord which ranks itself among the progressive diseases.

Kalmia is a good general remedy for lumbar pain of nervous and not of muscular origin. I have had to treat two cases in which rheumatism or gout no longer localised itself in the muscles or joints, but in the cord itself, giving rise to extremely painful crises in the back, coming on in more or less irregular attacks without obvious cause. Kalmia succeeded where many other remedies were useless.

PATHOGENESIS OF IODINE.

By DR. P. JOUSSET.

(Translated from *L'Art Medical*, October, 1899.)

ACCORDING as the dose administered is strong, medium, or weak, iodine produces three forms of poisoning—acute, sub-acute, or chronic.

We will describe in this article only the chronic form, reserving the treatment of the more acute forms until we shall have finished the experiments that are being carried on in our laboratory; experiments which are designed to fill up the void in the history of the symptoms and lesions of poisoning by iodine.

IODISM, OR CHRONIC POISONING BY IODINE.

The history of the action of iodine in small and long continued doses on the human organism presents a great difficulty, namely, that most of the symptoms are taken from *patients* under treatment, whether for scrofula or more especially for goitre. Now the symptoms produced by small doses of iodine upon the healthy organism have such a resemblance to symptoms due to the suppression of the function of the thyroid gland, whether by alteration in its structure as in exophthalmic goitre, or by its excision, that several physicians have agreed to explain by this cause the symptoms attributed to iodine in small and long continued doses.

We shall see a little further on that it was by this argument that the *Academie de Médecine* pretended to refute the work of Rilliet on Iodism, presented in 1859. And although Rilliet had taken the precaution (very Genevese) to remark that the doses he had employed were ponderable, the immortals of the

Academie, persuaded that the smaller doses were still the first Hahnemannian triturations, smelt the homœopathic heresy to such a degree that they did not hesitate to condemn Rilliet's work as disfigured by errors of diagnosis. We challenge this judgment and we shall demonstrate its falseness.

Coindé,¹ after having inaugurated at Geneva the treatment of goitre by iodide of potassium, discovered that this treatment gave rise to grave accidents in a number of cases, especially when the goitre disappeared rapidly. He then progressively diminished the doses. Charles Coindé, his son, accentuated more and more this diminution of the doses, and Marc d'Espines, Mouvert, and Bizot, who, in 1834, took the direction of the medical dispensary of Geneva, fixed the dose of iodide of potassium in the treatment of goitre at a hundredth (0.0005 decimilligrammes) of a grain per day (*Memoires sur l'iodisme*, p. 9.)

Rilliet observed that these very small doses of iodine developed in man an assemblage of symptoms very different from acute iodism and which had not yet been described.

Charles Coindé, whose experience of iodine medication is so considerable, professes the same opinion. Rilliet accordingly decided to write his memoir and he based it upon three categories of observations. We have put aside the first category, because it is based upon goitrous patients, because it may be met with among those with exophthalmic goitre, because in veritable goitrous patients the total disappearance of the thyroid gland may have sequelæ analogous to those of its ablation, because moreover the goitrous do not represent healthy organisms. For all these reasons we leave out the first category of facts brought together by Rilliet. By contrast, the second category of observations constitute a *pure experiment* like those instituted by Hahnemann for the study of the materia medica. Twenty-eight persons, of whom one only was phthisical, and none, either before or after, presented any symptoms of goitre. These twenty-eight persons, during two years, used, in the preparation of their food, kitchen salt to which was added a ten thousandth part of iodide of potassium, so that the quantity of iodine absorbed by each person in two years was 40 centigrammes. Out of these twenty-eight persons, three became sick, one male of 45 years and two females of 60 years.

Here are the observations :—

OBS. I.—Man of 45 years, of a very strong constitution, never sick. At the end of seven months' use of the iodide, this man began to grow thinner. He experienced palpitations.

¹ We generally find this name spelt as Coindet.—EDITOR, *Cal. J. Med.*

his mental faculties were affected, there were sadness, melancholy, fixed ideas, despondency, and indefinable malaise in the lower abdomen with constipation.

The use of the iodide salt was suspended accidentally during the months of January and February, and the re-establishment of health was complete.

In the month of August this gentleman resumed the use of the iodide, and very rapidly, scarcely at the end of two months, he had a return of the symptoms previously described with much more intensity than at the first time: emaciation remarkable and progressive, notwithstanding voracious appetite; as at the first time, tremblings, palpitations, staring look, yellow skin; and, above all, moral symptoms very pronounced; weeping mood, irritability, disgust and despondency, disturbed sleep. This time there was no hesitation in attributing all these symptoms to the iodide as the cause. It was discontinued, and the patient recovered completely at the end of two months.

Here is a fact which has excited the criticism of the academicians. This same man, two years and a half after his complete recovery from his second accession of iodism, got back the same symptoms, but with an intensity which caused him to fear for his life, and all this for having passed twenty-one days on the sea-shore at Biarritz and at Arcachon. Emaciation skeleton-like, with exaggerated hunger, decay as in old age. He walked bent double, there were tremblings, breathlessness from the least movement, pulse feeble and very frequent, loss of energy such as to compel him to keep to his bed and to render the voyage to Geneva difficult. Arrived in this town he recovered promptly and completely.

OBS. II.—Female of 60 years. The accidents that began after two months' use of the iodine salt were: Emaciation with great appetite, tremblings, palpitations, face pale and yellow, loss of energy, insomnia, exaltation of the emotions, fixed ideas, sadness. Health was restored very promptly after the cessation of the salt.

OBS. III.—Female of 60 years. Used the salt for four months, had the same symptoms. Was cured by the stoppage of the salt.

We have said that the experiments of Rilliet were conducted in the same way as those of Hahnemann. Experimentation with ponderable but very feeble doses of the medicine, 20 centigrammes in the course of a year, experiment continued for a long time, health of the subjects under experimentation perfect, symptoms almost identical among all the subjects affected, a small proportion of those experimented on were affected by these infinitesimal doses, three out of twenty-six. We therefore retain these experiments of Rilliet, and consider them as having

characters which are required to constitute an experimental materia medica.

We find in the materia medica of Hahnemann the confirmation of all the symptoms produced by small doses of the iodine in healthy men. Thus, disposition to melancholy (symptom No. 2), anxiety (10), agitation (17), repugnance to work and despondency (20, 21, 25), irritability (27, 28), extreme excitation of the nervous system (30, 33, 34), fixed ideas (37), face pale and yellow (128, 130), alteration of the features (133), voracity and bulimy (201, 203, 204, 205), pain in lower belly (261, 265, 268, 271, &c.), obstinate constipation (300, 301, &c.), oppressed respiration (450, 453, 455), strong palpitations of the heart (471, 472, 474, 475), general trembling with small and very accelerated pulse (610), lassitude (623, 624), complete prostration (631), emaciation to the point of marasmus (650, 653), disturbed sleep (669), complete insomnia (671), pulse accelerated (693), and extremely small (698).²

The symptoms observed by Rilliet in the patients experimented upon have been already observed and recorded in the *Chronic Diseases* of Hahnemann. If I add that a great number of authors, such as Gardner, Richter, Perrot, Collet, Groele, Walle, Massalien, Neuman, Henning, Goery, Schmielt, Orfila, Coindé, Rust, Baup, Matthey, &c., &c., have reported as produced by iodine the same symptoms that we have described, we may consider these symptoms as veritably produced by the continued administration of iodine in small doses.

We proceed to give a *résumé* in a few lines of the symptoms produced by iodine, preserving as much as possible the evolution of the medicinal disease.

Iodism is generally announced by exaggeration of the appetite, bulimy, accompanied with painful heat in the epigastric region and a feeling of exhaustion which disappears after taking food. Soon emaciation becomes pronounced with alteration of the features, pallor of the countenance and staring character of the eyes.

If the use of iodine is continued, the symptoms become progressively worse, generally slowly, sometimes with frightful rapidity. The emaciation becomes accentuated from day to day, notwithstanding an exaggerated appetite, the pulse is accelerated especially from the slightest movement, is small and feeble. The skin of the face is pale and yellow, the facial expression is indicative of sadness and anxiety, the eyes have a dark circle around them, now fixed, now wild, the prostration is great, the voice is broken, the patients tremble and are breathless from the least movement, nervous symptoms painful and

² These numbers do not always agree with those of the new translation of the *Chronic Diseases* by Tafel.—EDITOR, *Cal. J. Med.*

troublesome, inquietude, fright, great irritability, easily moved to tears.

The action of small doses of iodine upon the organism incidentally raises four questions: That of the age in which the susceptibility to iodism is the greatest; that of the country in which it is observed most frequently; that of the absolutely different action of large and small doses; and lastly, that of the incontestible susceptibility of the goitrous to the action of iodine.

Age.—Rilliet has expressly said that chronic iodism is scarcely observed except in adults and old people, and that he has always prescribed without inconvenience to infants and adolescents small doses of iodine for the cure of goitre. We have not as yet any explanation of the influence of age on iodine receptivity.

Country.—The physicians of Geneva have remarked that constitutional iodism is almost exclusively observed in the countries and in the centre of Europe. The explanation of this phenomenon is natural enough. The air and the waters of Switzerland, according to the researches of Chatin, do not contain iodine. This medicine finds therefore in these people an organism absolutely virgin (as regards iodine), whilst the populations whose air contains notable quantities of iodine, as the inhabitants of the sea-coast, enjoy a certain relative habituation to this metalloid.

The opposite action of large and small doses.—Strong doses of iodide of potassium, from $1\frac{1}{2}$ to 3 grammes daily, continued *without interruption*, for months, in the treatment of syphilis or scrofula, have never produced a single case of iodism, whether the patients are inhabitants of Geneva or of Paris.

On the contrary, very feeble doses of iodide of potassium (2 milligrammes to 1 centigramme per day, observations I to VI of Rilliet) produce very grave symptoms of iodism, and these symptoms may begin after five to ten days of treatment (Rilliet). Thus, it is incontestible, on the one hand, that enormous doses continued for months without interruption, do not produce any constitutional symptoms of iodism, while, on the other hand, the smallest doses expressed in milligrammes determine in a few days grave symptoms which, notwithstanding the cessation of treatment, continue for several months. And it is necessary to explain this apparently paradoxical action by the state of health of the patients, the existence, for example, of goitre, in this last category; since the same effects of iodism by equally infinitesimal doses have been produced in persons of full health (second category of observations of Rilliet).

The opposite action of strong and feeble doses is an ordinary

law of pharmacodynamics. It is unnecessary to cite the instance of tartar emetic, administered in the dose of 0.05 centigramme, or of 1 gramme of opium in a dose, so to say, physiological and exciting and in a strong and toxicological dose of purgatives which, in ordinary doses bring on evacuations from the bowels, in small doses bring on constipation. The attentive study of the materia medica shows that in all medicines there are opposite actions according as the dose administered is small or large. The iodide of potassium follows the general law, and the researches, which I have not been able to complete, tend to prove that goitre treated by doses larger than those used by Rilliet produce less often the accidents of iodism. This appears to be the result of a perusal of the memoir of Coindé.

Receptivity of the goitrous for Iodine.—If iodism may be developed in persons of full health and absolutely free from goitre, it is true to say that the goitrous present a susceptibility in every way peculiar. How do we explain this susceptibility? The first point to know well is the succession of symptoms in goitrous patients attacked with iodism during treatment. With this object, we give a summary of some observations of Rilliet which are really suggestive.

OBS. I.—Case of a man of 50 years, of habitual good health, carrying since youth a goitre situated on the right side of the neck. This goitre is round, lobulated, indolent, non-fluctuating, of the size of an orange. Its growth has been slow and insensible.

This patient took every morning fasting a spoonful containing 1 gramme of iodide of potassium. On the first day of treatment, indefinable great distress. On the sixth day the uneasiness increased and the emaciation became considerable. the patient threw up his draught of milk.

Two days later, the physician established in this patient the signs that we have described of the most grave iodism. But the goitre became reduced to three-fourths of its volume. The patient was sent to the country, suffered the whole of summer, recovered completely in the winter, but the goitre came back to its original size.

OBS. II.—The case of a female of 36 years. Goitre since the age of 30 years. External treatment with frictions of eau de Cologne, containing 1 gr. 30 of the iodide to 30 grammes of the water.

At the end of six days the goitre was considerably reduced, but all the symptoms of iodism were developed at the same time. The health was re-established at the end of two months, but the goitre reappeared.

OBS. III.—Case of a dog attacked with goitre. It took 2 centigrammes of iodide of potassium in four days and presented

the principal symptoms of iodism. He recovered, and his goitre has not reappeared.

OBS. IV.—Case of a man of 52 years, carrying a very large goitre. Iodism grave, after having consumed $12\frac{1}{2}$ centigrammes of iodine in sixty days. Cure, with reappearance of the goitre.

OBS. V is a repetition of the others, 60 centigrammes of the iodide in four months. Iodism moderate. Cure with reappearance of the goitre.

It results from a perusal of these observations that the appearance of iodism in the goitrous is accompanied by the disappearance of the tumour, and that the cure coincides with the reappearance of the goitre. It would appear that the action of iodine upon the thyroid gland is comparable to the action of thyroidectomy. In the two cases, the physiological action of the thyroid gland is suspended, and the symptoms so analogous to those of myxœdema are met with in both.

From the precious facts shut up in the memoir of Rilliet, facts which confirm the pathogenesis of Hahnemann, it follows that we possess a pathogenetic history of iodine which may have its legitimate place in the experimental materia medica.

[It is remarkable that among the symptoms of iodism given above are not included the violent vomiting and purging with fever and thirst and cramps and dry cough, observed by Coindet, Gardner, and others; nor the very striking absorption of the mammæ and wasting of the testicles. "Of the first of these (absorption of the mammæ)," says Pereira, "three cases are reported in *Hufeland's Journal*, one of which may be here mentioned. A healthy girl, 20 years of age, took the tincture of iodine during the period of six months for a bronchocele, of which she became cured; but the breasts were observed to diminish in size, and, notwithstanding she ceased to take the remedy, the wasting continued, so that at the end of two years not a vestige of the mammæ remained. Sometimes the breasts waste, though the bronchocele is undiminished. Richenau relates the case of a female, aged 26, whose breasts began to sink after she had employed iodine for four months, and within four weeks they almost wholly disappeared; yet her goitre remained unaffected." With regard to the other effect (wasting of the testicle), Pereira suspects it to be very rare. In a young man who took moderate doses of iodine for obstinate gonorrhœa, Cullerier (*Mem. de la Soc. de Chir. de Paris*) observed that the testes diminished in size and consistency, leading to extinction of the sexual power.—EDITOR, *Calcutta Journal of Medicine*.

VACCINATION AND SMALL-POX.

IN the minds of the vast majority of physicians there is no better established clinical fact than the ability of vaccination to prevent small-pox. With this view we are in complete accord. We note with regret that a class of agitators has arisen to oppose the practice of vaccination. Were the evil consequences of their folly visited upon themselves alone, we would have nothing to say. But inasmuch as they lead many of the unthinking into error and misfortune, it is our duty to protest against their fallacies with all the energy at our command. Many anti-vaccinationists are "anti" by nature. Many of them, if the opportunity offered, would be "anti's" of the "anti's." Like Pat, they do not care who constitute administration—they are against it. This opposition to vaccination is found in the ranks of both schools of medicine. We also find a growing class who think it shows mental greatness to be sceptical. They like to say of any well-attested fact, "we do not believe in it," and so they say of vaccination. We know they do not mean what they say. They simply try to be smart. The arguments advanced against vaccination may be summarized as follows:—

(1.) Vaccination is not a preventive of small-pox; it does not even mitigate the severity of the disease.

(2.) Its practice introduces an unhealthy virus, capable of unlimited ill-effects, into the system.

(3.) Vaccination produces tetanus, erysipelas, cancer, etc.

(4.) Vaccination is syphilis.

(5.) Vaccination owes its popularity entirely to the fact that it puts money into physicians' pockets.

To any one who has studied medical literature with unbiassed mind, these objections must be regarded as either untruthful or silly. Indeed, were it not for their influence over the wavering and inexperienced, we would think it unnecessary to consider this subject editorially. The present spread of small-pox in various parts of the country shows conclusively the necessity for some decided action. Especially should we, as homœopathists, place ourselves on record. Hahnemann believed in vaccination as a preventive of small-pox. He furthermore expressed as his opinion that the preventive influence of vaccinia over variola was an example of the homœopathic law. Evidence to this effect is presented in both the *Organon* and the *Lesser Writings*.

The method of argument pursued by some anti-vaccinationists sometimes savours of "yellow" journalism. Take, for example, the head-lines of a wall-chart, illustrating a lecture by an anti-vaccinationist of world-wide fame: "Awful depravity. Naughty Leicester. Shocking results following the

refusal of the Leicester authorities to obey the compulsory vaccination laws of England." Then followed the statistics, of which we shall have more to say. Later, the lecturer announced his ability to cure any severe case of small-pox within six days, and a mild case in three days. He would not divulge his method yet, etc. He furthermore said vaccination was syphilis of the cow, transmitted to the human being. To prove his point, he exhibited illustrations of a sloughing chancre and of a sloughing vaccine sore, and remarked that their appearances were identical. How supremely ridiculous!

Taking up the first and the most important objection to vaccination, namely, that it does not protect, it is important to consider what small-pox was prior to the introduction of vaccination, and, secondly, to study the clinical evidence in favour of its preventive influence.

As to the ravages of small-pox in pre-vaccination times, we cannot speak to better advantage than by quoting Macaulay. "The havoc of the plague had been more rapid; but the plague had visited our shores only once or twice within living memory. The small-pox was always present, filling the churchyards with corpses, tormenting with constant fears all whom it had not yet stricken, leaving on those whose lives it spared the hideous traces of its power, turning the babe into a changeling at which the mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to the lover." Statistics demonstrated that fully two-thirds of all children born were sooner or later taken with small-pox, of whom about one-eighth died. The average annual death-rate from small pox in England was 3,000 per million of population.

Note the change at the present day! Whereas small-pox formerly attacked children, now, by reason of the better protection afforded by the efficient vaccination at that time of life, the majority of cases are in adults. That this change is not a mere coincidence is attested in certain localities where the vaccination of infants has been neglected, the old state of affairs returning. Gloucester was at one time the best vaccinated city in England, but for some reason the practice was neglected, and an epidemic of small-pox appeared. Dr. Sidney Coupland's investigations demonstrated the following:—

- Of the children in the city under 10 years, there were attacked:
 - 26 vaccinated, of whom 1 (or 3·8 per cent.) died.
 - 680 unvaccinated, of whom 279 (or 41 per cent.) died
- Of persons over 10 years of age, there were attacked:
 - 1,185 vaccinated, of whom 119 (or 10 per cent.) died.
 - 88 unvaccinated, of whom 35 (or 39·7 per cent.) died.

If vaccination is a true prophylactic, the diminution in the number of children attacked is just what we would expect.

for they have been more recently protected. We know that until within a very short time past the vaccination of new-born infants was a routine measure, this operation, in some sections of the country, being considered as part of the services rendered by the accoucheur, and included by him in his confinement fee.

Coming more directly to the statistics, and taking those obtained in localities where the anti-vaccinationists have made their boasts ;

There is "naughty Leicester," so-called. In the epidemic of 1892-93,

Of children under 10 years of age, there were :

Vaccinated cases, 2; deaths, 0.

Unvaccinated cases, 107; deaths, 15 (or 14 per cent.).

Of persons over 10 years of age, there were :

Vaccinated, including doubtful cases, 197; deaths 2 (1 per cent.).

Unvaccinated, 51; deaths, 4 (7·8 per cent.).

Arranging the cases in the same town according to the severity of the attacks,

Of the 199 vaccinated cases :

17 or 8·5 per cent. were confluent ;

20 or 10·1 per cent. were coherent ;

50 or 25·1 per cent. were discrete, and

112 or 56·3 per cent. were mild.

Of the 158 unvaccinated cases :

79 or 50 per cent. were confluent ;

36 or 22·8 per cent. were coherent ;

28 or 17·7 per cent. were discrete ;

15 or 9·5 per cent. were mild.

It is useless to multiply statistics, for one and all teach the same lesson. Space forbids quoting further details. Those interested in the subject may consult the *Reference Handbook of the Medical Sciences*, Allbutt's *System of Medicine*, the *Twentieth Century Practice of Medicine*, to say nothing of numerous other text-books. We cannot recall one medical author of prominence who has taken an anti-vaccination position.

Let us here refer to an incident not taken from medical literature. When the Rev. Henry J. Van Lennep, the eminent Presbyterian author and missionary, and father of our Dr. Wm. B. Van Lennep, was in Asia Minor, the town of Tocat was being decimated by small-pox. Mr. Van Lennep imported some vaccine, and with it vaccinated his son. From the scabs thus obtained he vaccinated thousands of natives, not one of whom contracted small-pox ; and thus in an incredibly short space of time he stamped out the disease.

It was claimed by the anti-vaccinationists that the division of cases into two classes, vaccinated and unvaccinated, is unfair, as the unvaccinated are for the most part sickly children ;

hence the failure to vaccinate them. Investigation shows such not to be the case.

The greatly diminished incidence of small-pox has been explained by them as due to increased sanitary knowledge among the masses. Analysis of facts do not bear this statement out. In the case of cholera, typhoid fever and typhus, sanitation has done great work as a preventive factor. But not one of these diseases is analogous to small-pox in its mode of spread. Rather we should compare the spread of small-pox with scarlatina, measles and whooping-cough. Increased sanitary advantages should lessen the incidence of all these diseases equally. We find, however, that small-pox mortality has declined 72 per cent., measles 9 per cent., and whooping-cough but a little more than 1 per cent.

Again, what better evidence do we want than the immunity of physicians, nurses and others in small-pox hospitals? Do we find the same classes possessing an equal degree of immunity against the other infections? A study of statistics shows the deaths of medical men from small-pox to be thirteen per million, as against seventy-three per million of the general population; whereas in scarlet fever, against which doctors have no special protection, there is the remarkable fact that fifty-nine medical men per million die from this cause, as against sixteen per million of the public.

As further explaining the occurrence of small-pox in those who have been vaccinated, we find that this little operation is performed in a routine manner, and that oftentimes little or no effort is made to determine its success. Even when such attempts have been made, the presence of a "sore arm," or, as it has been called, "pseudo-vaccination," has been accepted as the real thing.

The second objection to vaccination is that it introduces an unhealthy virus into the system. It does introduce a virus into the system; but that it is unhealthy remains to be proven. That carelessness on the part of the operator may bring about dire results is certain; that carelessness on the part of the manufacturer will do the same is also certain. But no physician should permit himself to be careless, and we believe that very few physicians do. As to the manufacturers, they have too many millions of dollars invested; and competition is so keen that any laxity would be discovered by physicians, who will not hazard their good names by using such deleterious stuff. The same dangers apply to even greater degree to the eating of animal foods, the safeguards surrounding the preparation of which are nothing like as thorough as those used by the manufacturers of vaccine and serums. The anti-vaccinationist will finally say "vaccine is dirty, anyhow." When we think

of the many millions of humanity who expose themselves voluntarily to the viruses of the venereal diseases for the gratification of animal instincts, this objection loses much of its sentiment.

The third objection to vaccination is that it produces numerous diseases, of which erysipelas, cancer and tuberculosis have been specifically instanced. Erysipelas can, of course, follow vaccination, as it can any other wound. If, however, the operator observe due care, and if the subject is guilty of no indiscretions, such an accident is of the greatest rarity. And this, to our mind, is practically the only danger arising from vaccination. When one thinks of the many thousands vaccinated, and the very few cases of erysipelas arising therefrom, he must feel the insignificance of this evil as compared with the one it is intended to avert. The other diseases alleged to arise from vaccination arise from that cause with such rarity as to make the relation of cause and effect exceedingly problematical. Take tetanus, for example. Of five million vaccinations in England, there was but one case of tetanus. Had that disease been inoculated with the virus, it is morally certain that others upon whom the same grafts had been employed would likewise have suffered. In the rare cases in which tetanus followed vaccination there can be no doubt that the poison was introduced through some other medium than the vaccine virus. Again, as to the transmission of tuberculosis and other diseases of cattle. Attempts made to transmit tuberculosis in this way have signally failed. Even though it were possible to so transmit tuberculosis, is it conceivable that carelessness would be permitted in view of the many precautions adopted by the manufacturers, with their millions invested in the industry, their well-paid bacteriological experts, and the practical trial of their products by the thousands of physicians in the land, each of whom may damage his reputation irreparably should bad virus be used? The spread of cancer has been attributed to vaccination. Now, the only increase in cancer relates to the internal disease. External cancer is no more frequent than it ever was. We know that internal cancer is more frequently diagnosed; but so it ought to be, with the increased diagnostic skill of the present day.

That vaccination is syphilis is too absurd to be considered. The arguments advanced in its favour remind us very much of cuttlefish tactics.

That vaccination is opposed to homœopathy we deny. Sufficient reason for our denial is found in the facts and in the writings of Hahnemann.

In the introduction to his *Organon of the Healing Art*, Hahnemann says :—

"Can vaccination protect us from the small-pox otherwise than homœopathically? Without mentioning any other traits of close resemblance which often exist between these two maladies, they have these in common: They generally appear but once during the course of a person's life; they leave behind cicatrices equally deep; they both occasion tumefaction of the axillary glands and fever that is analogous; an inflamed areola around each pock; and, finally, ophthalmia and convulsions. The cow-pox would even destroy the small-pox on its first appearance; that is to say, it would cure this already existing malady if the intensity of the small-pox did not predominate over it. To produce this effect, then, it only wants that excess of power which, according to the law of nature, ought to correspond with the homœopathic resemblance in order to effect a cure. Vaccination considered as a homœopathic remedy cannot, therefore, prove efficacious excepting when employed previous to the appearance of the small-pox, which is the stronger of the two. In this manner it excites a disease very analogous, and consequently homœopathic to the small-pox, after whose course the human body, which, according to custom, can only be attacked once with a disease of this nature, is henceforward protected against a similar contagion."

That vaccination would die out but for the money it gives the physician is a base slander on a noble profession. There may be physicians who are capable of doing a dishonourable action, but *we have never known one who would even entertain the idea of impairing the health of one of his patients, or of keeping a patient sick one day longer than necessary, for the purpose of making additional income for himself.* On the contrary, physicians are the most unselfish persons in the world. There is not one who would not be willing to banish disease from the face of the earth, even though by so doing he would deprive himself of his means of earning an income.

To conclude, we again express ourselves in favour of vaccination as a preventive of small-pox; we believe it to be a preventive subject to no danger, excepting in the hands of the ignorant and careless; that, if it were more generally practised, small-pox would become a thing of the past. We believe it to be the duty of all physicians to propagate these truths among the laity, and to see to it that those who entrust themselves to their care are properly protected against humanity's scourge—small-pox.—*The Hahnemannian Monthly*, November.

A LABORATORY EXPERIMENT.

AN ORIGINAL RESEARCH IN 1864.

COME with me, my expert diagnosticians, who pride yourself on your great knowledge of physiology and pathology. Come

to this laboratory and see a young physician, aged 29, weighing 148 pounds, of nervo-sanguine temperament. Here is what he reports: "In perfect health, tongue is not coated, tonsils natural, appetite good, bowels regular, urine acid, pulse 75" a little fast, you see. At 4 p.m., April 28, 1864, he took 10 grains of the full resinoid of—you may know this plant that grows in rich, clayey soil, and is known as, well, "Squaw root." Note and interpret the effects as he reports them: "5 p.m.—Dull frontal headache with a contracted feeling of the skin of the forehead." Can you explain that? Is it due to a forceful action of the heart? What took place before that? Read on: "Drawing pains in the thighs, knees, legs and ankles." Does that look like tired legs? What are "tired legs," by the way? But read on: "Very sharp pains in the knee-joint, inside." Is that neuralgia? What is neuralgia? But proceed: "Elbows and wrists ache." If you call that rheumatic, what do you mean? Give the pathology. But read on: "5.40 p.m.—Very hard pains in the forehead with a sensation as of needles being stuck into it." Is that due to more blood pressure? Is the blood in the capillaries pressing on the nerves of sensation? Does that explain it, and what causes the circulation to be so forceful? But proceed: "6 p.m.—Constant flying pains in the arms and legs, first in one part and then in another, remaining only two or three minutes at a time in one place." Is that due to blood pressure also? How is this:—

"Severe drawing pains in the inside of the left thigh." Is that in the crural artery or nerve? But read on: "Very hard, dull frontal headache." Is that due to greater blood pressure? How about "Distress in the fauces that causes frequent inclination to swallow?" Is that hyperæmia of the pharynx? If so, what is the *modus operandi*?

"Dull backache in the lumbar region." Does this explain or belong with the "leg ache?" "Every few minutes sharp stinging pains in the glans penis." Where does this organ get its nerve supply? Does the lumbar hyperæmia explain these points also? 9 p.m.—"Severe frontal headache." Is this more cerebral hyperæmia?

"Severe colicky pains every few minutes in the umbilicus." Umbilical region is not a very definite location, but we may have more light, so will read on: "Very severe drawing pains is the sterno-cleido-mastoid muscle, that draws the head to the left side." That is a definite action and location, now explain that. Is the irritation in the muscle or at the root of the nerve that supplies that left side muscle? Why the left side of the neck?

"Severe drawing pains in the joints of the arms and legs."

How do you explain the "drawing pains"? Is it due to contraction of the ligaments? From what point are the drawing pains ordered? You note that it is the joints of both extremities. But read on: "The ankles and toes of the left foot are very painful." Here is a left side effect again. The big left muscle of the neck had a cramp that drew the head to one side, now the left foot has pains worse than the right. But go on: "Dull backache." There, is that the cause of the weak, aching legs? April 29.—"Slept well until 3 a.m., after that was restless." Did the sympathetic nervous clock run down and had he to wait for the current to wind it up? or did the mighty prostration, the low ebb tide of nervous energy, come on before the normal 4 a.m. time?

"Skin was hot and dry"; that was doubtless the cause of the restless sleep. But let us read on: "Severe drawing pains in my hips, knees, ankles and feet, wrists and fingers." Is that enough to make one restless? But read on: "Shutting my hand produced cutting pains in the joints of all the fingers; they were very stiff." Does that correspond to rheumatism? Does the spinal hyperæmia explain it, or is it hepatic? "Frequent colicky pains in the umbilicus, relieved by the emission of flatus. Is that pain in the colon or small intestines, or the muscles? "Severe drawing pains over the left eye. Now where was the drawing?" We are curious to know.

"Had a natural stool at 7 a.m." Are we to infer that the alimentary tract, especially the colon, was not disturbed to any extent? But, let us read: 10 a.m.—"Have the same symptoms." Would you be satisfied with this encounter? But he is not, for we read that he took "15 grains more."

12 a.m.—"Distress in the stomach and bowels with drawing pains in the right hypochondrium." Is that in the colon or liver? "Distress is an indefinite term." Does it mean anorexia? "Drawing pains in the fingers, legs and feet: the pains are very severe in the feet." Are these pains myalgic, ligamentous, arthritic or neuralgic? Is that effect enough? Behold, at 2 p.m., took 25 grains more. 4 p.m.—"Dull frontal headache; by spells there is a very severe pain in the temples that produces a feeling as if both temples would be crushed together." Does that headache look like intermittent blood pressure in both temporal and middle cerebral arteries? Does that point to the daily low state of the system at about this hour, showing exhaustion of the sympathetic system? "Frequent slight colicky pain in the stomach and umbilicus"—umbilical region is no doubt meant. Is that due to gas? But how about "drawing pains in the right side, over the liver"? Are liver pains drawing, or is that muscular?

"Slight, dull backache." Is that more spinal hyperæmia,

or is it muscular? "Severe drawing pains in the legs and feet, but more especially in the extremities. Natural, but dark, stools." Does that show an increase of the bile? Does that show a disturbance of the organic functions? 6 p.m.—"Dull headache." Would you expect that? How about a "profuse flow of tears." Were they squeezed headache, or were they due to the "drawing pains in the nose?" How do you explain these nose pains? Are they neuralgic? If so, where is the pressure that draws on the nose hard enough to start the tears? "Good deal of pain and distress in the umbilical region and stomach; dull pain in the lumbar region." Is all that due to hepatic congestion? "Severe drawing pains in the ankles and feet; severe pains in the wrists and joints of fingers." Is that anything but arthritic?

9 p.m.—"Slight frontal headache. Is that cerebral brain tire? "Good deal of distress in the stomach and small intestines." Is that stomach or pancreatic? Is the liver disturbance affecting the contents of the ileum? "Constant and severe drawing pains and severe drawing pains in the wrists and fingers, ankles, feet and toes; the ankle pains very severe." Is that continuous arthritis? How do you account for the left ankle being the worse? Listen to the record: He took 30 grains more! April 30th.—"Had a restless night; there was so much pain in the joints of the fingers, they look red and are very stiff; closing the hand is very painful." Was that enough to make him restless? Is there any doubt now of this being arthritis? "Slight frontal headache (on waking); teeth all feel sore and elongated." Does that go with liver congestion? Does that imply venous stasis at the roots of the teeth? "Slight dull pain in the umbilicus (abdomen). When morning, relieved by the emission of flatus, natural, but hard, stool." Does this pain indicate intestinal activity and absorption? "Drawing pains in the knees, ankles, feet and toes. Walking produces severe pain in the metatarsal bones." Do those pains in the knees indicate an increase of the polyarthritis? 10 a.m.—"Feeling quite well, excepting my knees are quite weak when walking." Is that natural? "Another rather soft stool followed by slight pain in the umbilical region." Did you look for that from the physiological disturbance set up? Would you not think that he would say enough? But he took 50 grains more!!! 12 a.m.—"Empty eructations, slight distress in the stomach." Is that due to gas? "Drawing pains in the knees and toes, very short, by spells." Is that an increase of the arthritis? The next record reads: 5 p.m.—"Feeling weak and nervous." Is it any wonder? "Dulness of the head." Is that a reaction, an anæmic, or a natural venosity that comes on towards night? "Slight

burning distress in the stomach." Is that the beginning of gastritis? "Slight drawing pains in the wrists and fingers, ankles, feet and toes." Is the natural venosity that comes on at night helping to relieve the arthritis? But look, he took 75 grains more!!! Five hours after he reports: 10 p.m.—"Frequent gulping up of very sour, bitter fluid; slight burning distress in the stomach." Is the bile coming up and the gastritis increasing thereby? "Frequent spells of vertigo." Is the blood leaving the head in waves? How is the heart working? "Drawing pains in the fingers, ankles, feet and toes, but more especially in the toes. Knees feel very weak when walking." Are the ligaments affected, relaxed, or is it muscular? If so, would he locate the weakness in the knees? "Eyes aching with a feeling as if something were under the lids, profuse secretion of tears." Have you felt that way when very tired? Is that a venous stasis also? Whence the tears now? We read of no nose pain. May 1.—"Slept well till 1 a.m., then awoke with great rumbling in the bowels and a very urgent desire for stool; stool most of water that runs a perfect stream from my bowels, passed a great quantity; there was no pain." Was this a bilious diarrhoea? Is this nature's effort or relief? 8 a.m.—"Feeling quite well." But note what he adds: "Tongue coated white." A white coat on tongue points to the pancreas, does it not? "Canine hunger; want to drink a good deal of water." Would we not expect that from the draining in the night? "Slight headache." Is this still spinal hyperæmia? "Fingers quite stiff, drawing pains in the toes." Does that look as if the arthritis were persistent? 9 a.m.—"Frequent slight pain in the umbilical region." Is that bile stirring up trouble?

"Drawing pains in the elbows, wrists, fingers, knees, ankles, feet and toes; all my joints crack frequently when walking or when turning." Because the elbows, as well as the knees, are involved, does that as well as the joints cracking indicate a slight arthritis?

May 2.—"Restless night, my fingers, ankles, feet and toes pain me so much; fingers very stiff." Is that due to venous stasis or deficient nerve tone, or to the arthritis?

7 a.m.—"Soft stool, very white, showing a deficiency of bile in the secretions." Does that indicate an approaching catarrhal jaundice?

He was sensible in stopping this heroic experiment. He adds: "The urinary or genital organs were not affected in the least, the pulse remained about normal all the time. The great centre of action on myself was the small joints."

You will agree with me that that was a wonderful experiment, bordering on the heroic. Young Dr. Burt was a hero. There

was no alcohol to congest and stupefy the brain and confuse those who attempt to trace the course of action of this drug among the organs. Here is a drug that had a pathological basis. My interpretation of this drug experiment is as follows : The dull frontal headache was due, I take it, to the increased circulation. The same cardiac action crowded the blood into the extremities and kept it there by venous stasis (hepatic), so that the tissues were irritated by post-organic matter and a mild arthritis was set up. The recumbent posture, sleep and diarrhœa, afforded relief. The left foot was more affected than the right, because the circulation is not so active therein. I have met two cases of rheumatic pains in the extremities going on to arthritis, because of cardiac weakness. Relief came early by the dorsal decubitus. This drug, caulophyllum, has a record of curing rheumatism of the small joints of the extremities, but the other conditions must be there also for it to be the exact similar. The spinal hyperæmia it causes doubtless explains its good effects in gestation, hence its name. Squaw root.—Dr. T. C. DUNCAN in *The Medical Century*.

CORRESPONDENCE.

ANOTHER SIDE OF VIVISECTION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—It is no wish of mine to open or continue a discussion on vivisection, but an explanation is due to you as well as to myself. The premisses (*sic*) were not mine I said it might well be "a natural deduction of anti-vivisectors."

We know that the Hospital does not in any way favour vivisection, nor does the Homœopathic Society nor I believed did the *Homœopathic Review*. I hoped you would refute such a suggestion You have done so I am more than satisfied and I feel sure that all those subscribers who are opposed to vivisection will be also

Yours,

ARTHUR A. BEALE, M.B.

5, DEVONSHIRE STREET, W.,
November 6th, 1901.

Note to Dr. Beale's Letter.

IF Dr. Beale had no wish to open a discussion on vivisection, his occupying the best part of two pages of the *Review* in

discussing it gives the impression that he did so wish. His "explanation" now is no explanation at all. He says that the "premisses" were not his. We presume he means the deduction, as he adds "I said it might well be 'a natural deduction of anti-vivisectioners.'" What he said was "This *is*," etc., and not "it might well be." Premises are generally understood to mean statements of fact from which the conclusion is drawn, and not the deduction itself. And in saying "This is a natural deduction of anti-vivisectioners," Dr. Beale implies that that is his deduction as voicing what he considers would be deduced by others from his false premisses. Dr. Beale, as a member of the British Homœopathic Society, is probably the only one who does not know that the *Review* has no connection whatever with the Society, and we can hardly think he was ignorant of this fact. So much is it the case that the *Review* is "practically" not "the organ of the Homœopathic Society" that a proposal was recently made to enlarge the journal of the Society, which *is* the organ of the Society, and run it in opposition to the *Review*. When he states next that "the Homœopathic Society is associated with the Homœopathic Hospital" it is a case of what logicians term a "suppressio veri," as well as a "suggestio falsi." His third statement that "the *Review* favours vivisection" we shall not again characterize. And finally, to deduce from all these extraordinary statements and insinuations "Then the Hospital favours vivisection" is too utterly ludicrous. His first letter, as we said in our last issue, was fitted to do an immense amount of mischief in the minds of those who did not know that Dr. Beale's statements were so absolutely wrong and misleading, especially coming from one who is a member of the Society and acts as anæsthetist at the Hospital. Dr. Beale's "explanation" is none. Had he written in his letter printed above a full *apology* to our readers, to the Society, and to the Hospital, to say nothing of an apology to the readers of the *Review* and to the subscribers to the Hospital, we should not have troubled ourselves to reply again as we now do. But his "explanation" is neither an adequate explanation nor an apology. We print Dr. Beale's letter as we have received it.—EDS. *M.H.R.*

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